My Medication List _____

Please list all the medications you currently take including brand-name and generic prescription and non-prescription medications. Be sure to fill in all the information for each medication. You can complete the highlighted fields on this form on your computer and then print **or** you can print this form and fill in the information by hand before your next appointment.

Brand-Name & Generic Prescription Medications

Medication Name	Prescribing Doctor	Reason for taking the medication	Size (mg)	How often?
Example: Diovan	**Dr. John Doe**	**High blood pressure**	**80 mg**	**1 pill a day**

Non-Prescription Medications (vitamins, supplements, etc.)		
Medication Name	**Reason for taking the medication**	**How much & how often?**