

## MEDICATION LOG

Name:	Address:
Phone:	
DOB:	
Emergency Contact:	Phone:

**LIST ALL MEDICATIONS & SUPPLEMENTS YOU ARE CURRENTLY TAKING**

Including prescription, Over The Counter (OTC) (ex. Antacids, Asprin, etc.), and herbal supplements (ex. Ginseng, Echinacea, etc), as well as any medications taken on an **AS NEEDED** basis.

Date Started	Date Stopped	Name of Medication/Supplement	Reason for taking	Dosage	Frequency	Method of Administration (circle)
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●
						Oral ● Patch ● Injection ● Topical Inhaled ● Drop ●