

# Medication Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- **Please print clearly.** For each medication, print the name, amount, and how often and at what time each is taken. Please include any vitamins, minerals, and special supplements. Use the back of this sheet if you need more space.
- Remember to bring these medications (in their bottles/containers) with you to your first appointment.

Pharmacy Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medication (pills) Names	Amount in One Pill	How often do you take this medication?	What time do you take this medication?
Example:	This can be found on the pill bottle; for example, 2.5 mg, 160 mg, etc.	For example, once a day, twice a day, with each meal, before bedtime, etc.	For example, 5:30 a.m., 1:00 p.m., 10:00 p.m., etc.
Aspirin (81 mg or 325 mg) <input type="checkbox"/> No <input type="checkbox"/> Yes			

