Chase Brexton Health Care

My Medications & Supplements

Write down all the medications you take. Include over-the-counter medicines, vitamins, and herbal supplements. Update your list as your medications change.

NAME OF MEDICATION	mgs DOSE	# OF PILLS	HOW OFTEN	WHEN	WHY	PRESCRIBER

ALLERGIES List any medicine, dietary supplements, food, skin cleaner, medical material, etc. that you've had problems with. Describe what the problems were (rash, stomach upset, etc.).

NAME OF DRUG/ITEM	WHAT HAPPENED TO YOU

NOTES