



Drug and Supplement List

Page ____ of ____

Client: _____ Date: _____

INSTRUCTIONS: Complete each column, listing drugs first, then list vitamins, minerals, herbs, homeopathics and food supplements. If you need more than one page, please indicate the order of the pages, by completing the above as follows: if you are submitting two pages, under title above, please write Page 1 of 2 for the first page and Page 2 of 2 for the second. **TYPE:** Write Drug, Vitamin, Mineral, Herb, Homeopathic or if a combination, for example, put Vitamin + Herbs, or Vitamin + Minerals. **STRENGTH** of a Drug is, for example, .5 mg., indicate **DOSAGE** as follows: 1X3 means one pill taken three times daily.

NAME OF DRUG OR SUPPLEMENT	PURPOSE FOR TAKING	TYPE	STRENGTH AND DOSAGE	DATE STARTED Approximate Date is OK	PRESCRIBING PHYSICIAN OR NAME OF SUPPLEMENT COMPANY
1					
2					
3					
4					
5					
6					
7					
8					
9					

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