



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 are completing this list as a continuation from the Client Information form, please put Page 2 of 2 for the first of the pages you print of this form, then 3 of 3, etc. Otherwise, if this is the first time you have completed this form, put Page 1 of (number of pages you are completing at this time). Note: For **TYPE**, put 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					
10					

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