

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

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

**Please list all medications you are taking that are prescribed by your doctor(s):**

| Name of Medication | Dosage | Prescribing Doctor | Reason Taking | How long taking? |
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*Please use additional sheets if necessary*

**Please list all medications you are taking that you purchase over-the-counter (i.e., aspirin, cough syrup, decongestants, etc), or from another source (i.e. alternative therapies, folk healer, shaman, curandera, curandero, friend). Please use additional sheets if necessary.**

| Name of Medication | Dosage | Where do you get this medication? | Reason Taking | How long taking? |
|--------------------|--------|-----------------------------------|---------------|------------------|
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*Please use additional sheets if necessary*