**CURRENT MEDICATION LIST: (PLEASE LIST ALL YOUR CURRENT MEDS, VITAMINS, SUPPLEMENTS)**

**Psychiatric Services, LLC Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

**Eileen Spangler, Psychiatric NP**

5265 N. Academy Blvd #3300 **Medication Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Colorado Springs, CO 80918

719 644-0040 Fax 452-3491  **Primary Care Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

www.SPANGLERNP.com

**Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pharmacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_ Cigarettes? No\_\_\_\_\_ Yes\_\_\_\_\_\_ Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATION DOSE INSTRUCTIONS PURPOSE**

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| --- | --- | --- | --- |
| ***(EXAMPLE) Lisinopril*** | ***10mg*** | ***One daily*** | ***High blood pressure*** |
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