

## Medication Chart

*Complete the list of medications, vitamins and supplements and take this list with you to your visits.*

<b>Name:</b>		<b>Date:</b>
<b>List of known medical conditions:</b>		
<b>List of other health care providers:</b>		
<b>List of Medication</b>	<b>Dose prescribed</b>	<b>Frequency of dosing</b>
<b>List of Herbal Supplements/vitamins</b>	<b>Dose prescribed</b>	<b>Frequency of dosing</b>
<b>List of over-the-counter medications</b>	<b>Dose prescribed</b>	<b>Frequency of dosing</b>