MEDICATIONS INFORMATION

Patient Name: ____

Preferred Pharmacy: 1. ______________________ 2: ______________________

If you are not using one of these pharmacies to fill your medication request, please let the staff known.

Drug Name	Dosage:	Taking for How Long:

Are you taking any of these medications? **Aspirin** **Tylenol** **Motrin** **Aleve** **Naproxen** **Celebrex** **Coumadin** **Warfarin** **Heparin** **Plavix** **Pradaxa** **Lovenox** Weight Loss Medication Ma huang/Ephedra

Supplements? Fish oil Flax seed oil Chamomile Dandelion root Dong quoi Garlic Ginger Ginkgo-biloba Grape seed extract Horse chestnut Hops St Johns Wort Echinacea

Is there any specific questions or concerns you need to talk to the provider about today?

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Our office policy requires YOU, the patient, to provide us with a new medication list at each appointment. Our staff will not copy prior lists for you to use. If you do not bring a list or refuse to fill out a new list, your appointment may be rescheduled.

________ Patient Initials

REVIEW OF SYSTEMS

Eyes/Head	Vision changes	Headaches	Dizziness		
ENM&T	Hearing changes	Tinnitus	Nose bleeds		
Cardio	Chest pain	Irregular heart beat	Heart palpitations	Edema	Syncope
Respiratory	Shortness of breath	Cough	Wheezing		
Gastrointestinal	Indigestion	Heartburn	Nausea		Abdominal pain
	Bowel changes	Diarrhea	Constipation		Bloody stool
Genitourinary	Dysuria Hematuria	Nocturia	Decreased force/flow		Vaginal Discharge
Musculoskeletal	Arthralgia	Bursitis	Gout	Stiffness	Osteoporosis
	Back pain	Neck pain			
Skin	Itching	Rash	Hives	Skin Cancer	
Neurologic	Seizures	Epilepsy	Numbness	Palsy	Stroke
	Muscle spasm	Speech	Tingling		
Psychological	Anxious	Depressed	Stress		
Endocrine	Breast masses-discharge	Diabetes	Steroid use		
Heme/Lymph	Anemia	Bruises easily	Bleeding		Swollen glands
Allergy/Immune	Cancer	Seasonal Allergies			
Constitutional	Appetite changes	Weight changes (Negative)	Fever.	Chills	Malaise Fatigue

________ All Other Systems

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Signature of Patient, Parent, Guardian, Personal or Legal Representative Date Office Staff Processor ________