

What I'm Taking	Reason For Use	Form (pill, patch, liquid, injection..)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Dates (1/05/05-3/05/05) (1/1/94-ongoing)	Notes or Special Directions
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*Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins and herbal supplements

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10)							

Name _____ Account # _____ Date _____