

## Medical History – Prescription and Non-Prescription Medications

**Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. . Include herbal, alternative, and soy-based preparations.**

<input type="checkbox"/>	<b>Medication bag with meds brought to exam?</b>	0=No, 1=Yes
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**\*\*\*List medications taken regularly in past month/ongoing medications\*\*\***

Medication Name <small>(Print first 20 letters)</small>	Strength <small>(include mg, IU, etc)</small>	Number per <small>(day/week/month)</small> <small>(circle one)</small>	Prn <small>(0=no, 1=yes, 9=unkn)</small>
<b>EXAMPLE:</b>   S   A   M   P   L   E     D   R   U   G     N   A   M   E	100 mg	1 (D) W M	0
m   e   d   n   a   m   e	medstren	med num medper	medprn
		D W M	
		D W M	
		D W M	
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**Continue on the next page →**

### Medical History—Prescription and Non-Prescription Medications Continue from screen 3.

***Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal, alternative, and soy-based preparations.***

**\*\*\*List medications taken regularly in past month/ongoing medications\*\*\***

Medication Name (Print first 20 letters)	Strength (include mg, IU, etc)	Number per (day/week/month)  (circle one)		Prn (0=no, 1=yes, 9=unkn)
<b>EXAMPLE:</b>   S   A   M   P   L   E     D   R   U   G     N   A   M   E	100 mg	1	(D) W M	9
			D W M	
			D W M	
			D W M	
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