

MEDICATION LIST/ADDENDUM

RE: Client: _____ DOB: _____

List all current and past (within last year) medications:

Medication: _____, _____ mg; Purpose: _____ Date Started: _____ Date Stop _____

Medication: _____, _____ mg; Purpose: _____ Date Started: _____ Date Stop _____

Medication: _____, _____ mg; Purpose: _____ Date Started: _____ Date Stop _____

Medication: _____, _____ mg; Purpose: _____ Date Started: _____ Date Stop _____

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Medication: _____, _____ mg; Purpose: _____ Date Started: _____ Date Stop _____

Prescribing Doctor: _____ Phone: _____

Prescribing Doctor: _____ Phone: _____

Prescribing Doctor: _____ Phone: _____