

Medication List

On this form, please list all of the medications that you take on a regular basis. Please use the back if you run out of space.

- **Medication:** Include both prescription medications and over-the-counter or herbal medicines.
- **Strength:** The dose per tablet (usually this is given in milligrams).
- **Schedule:** The frequency and timing of the medication (for example, "one at bedtime," "one before each of three meals daily," "when I have panic attacks; about three tablets a week").
- **For:** What is the problem, symptom, or difficulty being treated?

Medication _____ Strength _____

Schedule _____

For _____

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Medication _____ Strength _____

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