MEDICATION & DOSAGES

Current Medications: List all medications, including Prescriptions (P), Over-The-Counter Medications (O), and Natural / Herbal Supplements (H), to ensure accurate medical management.

Medication: ____ P☐O☐ H☐

Dosage (e.g., “500mg”): ______________

Frequency (e.g., Taken twice daily”): _________________________

Condition (e.g., “diabetes”) __________________________________

Prescribing Doctor if Any: __________________________________

Medication: ____ P☐O☐H☐

Dosage (e.g., “500mg”): ______________

Frequency (e.g., Taken twice daily”): _________________________

Condition (e.g., “diabetes”) __________________________________

Prescribing Doctor if Any: __________________________________

Medication: ____ P☐O☐H☐

Dosage (e.g., “500mg”): ______________

Frequency (e.g., Taken twice daily”): _________________________

Condition (e.g., “diabetes”) __________________________________

Prescribing Doctor if Any: __________________________________

Medication: ____ P☐O☐H☐

Dosage (e.g., “500mg”): ______________

Frequency (e.g., Taken twice daily”): _________________________

Condition (e.g., “diabetes”) __________________________________

Prescribing Doctor if Any: __________________________________