

SUMMIT REHABILITATION CURRENT MEDICATIONS LIST REPORT

PATIENT NAME:

DATE:

LIST ALL THE PRESCRIPTION MEDICATIONS YOUR ARE CURRENTLY TAKING

NAME OF THE MEDICATION	DOSAGE (how many or how much you take)	FREQUENCY (how often do you take it)	ROUTE (how do you take it, i.e., by mouth, injection etc.)

LIST ALL OVER-THE -COUNTER MEDICATIONS

NAME OF THE MEDICATION	DOSAGE (how many or how much you take)	FREQUENCY (how often do you take it)	ROUTE (how do you take it, i.e., by mouth, injection etc.)

LIST ALL HERBALS, VITAMINS, MINERALS, NUTRITIONAL SUPPLEMENTS

NAME OF THE MEDICATION	DOSAGE (how many or how much you take)	FREQUENCY (how often do you take it)	ROUTE (how do you take it, i.e., by mouth, injection etc.)