

UNIVERSAL MEDICATION FORM

130 N Gross Road, Suite 206
Kingsland, GA 31548
(912) 882-3737
Fax: (912) 882-2691

START DATE: _____

NAME: _____ DOB: _____

PCP NAME: _____ PHONE # _____

ALLERGIC TO/DESCRIBE REACTION	ALLERGIC TO/DESCRIBE REACTION

Currently Not Taking Medications

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (Examples: aspirin, antacids), dietary supplements, and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin, vitamins, hemopathic remedies).

Date	Name of Medication	Dose	Directions/Date Last Taken	Date Stopped	Reason for taking/changing Meds