



CURRENT MEDICATIONS

Patient Name _____

Date: _____

MEDICATIONS/VITAMINS: I will provide list I provided list today Listed below None

Check category, mark listed drug or write in what you take, and dosage (if known):

- Analgesic/Pain:** Tylenol/Tylenol w/codeine/Vicodin/Darvon/Ultram
- NSAID:** Advil (ibuprofen)/Aleve (naproxen)/Clinoril/Relafen/Voltaren
- Cold/Allergy (antihistamine/decongestant):**
- Vitamins/Minerals:** Multivitamin/A/B/C/D/Calcium/Fish Oil/Omega3/K/Zinc/Ocupower/Ocuvite
- ADD/ADHD:** Ritalin/Adderall/Concerta
- Antacid:** Pepcid/Prilosec
- Antianxiety/Antidepressant:** Prozac/Wellbutrin/Lexapro/Paxil
- Antipsychotic/Tranquilizer:**
- Anticonvulsant:**
- Antibiotic/Antiviral/Antifungal:**
- Anticholesterol:** Lipitor/gemfibrozil/niacin
- Anticoagulant:** aspirin, Coumadin (warfarin), Heparin
- Anti-Inflammatory/Immunosuppressant:** Prednisone/ Prednisolone
- Asthma/Bronchodilator:** Advair, Flovent, Singular
- Barbiturates/Muscle relaxants/Sleep:**
- Chemotherapy:**
- Diabetes Oral:** metformin (Glucophage), glipizide (Glucotrol), glyburide (DiaBeta)
- Diabetes Injected:** Insulin
- Heart/Blood Pressure:** Lisinopril, Lopressor, Toprol, Cozaar
- Hormone replacement:** Thyroid, Estrogen, Testosterone

Other: