CURRENT MEDICATION LOG INCLUDE NON-PRESCRIPTION MEDS AND HERBALS, IF WARRANTED NAME: DOB: **Primary Physician and Phone Number:**

MEDICATION ALLERGIES and NEGATIVE REACTIONS	/ IMPORTANT INFORMATION TO KNOW:

Date Of Visit	MEDICATION	DOSAGE	DIAGNOSIS / REASON FOR USE	MEDICATION STATUS New Increase Decrease DC discontinued	Reason for Status Change	Staff initials

2nd QA

1st QA

DATE OF VISIT	MEDICATION	DOSAGE	DIAGNOSIS REASON FOR USE	MEDICATION STATUS New Increase Decrease Ediscontinued	REASON FOR STATUS CHANGE	STAFF INITIALS

1st QA