

Kerri Myatt Acupuncture and Herbal Medicine, LLC

List of Medications/Supplements:

Patient Name: _____

Date: ____/____/____

Please list all Medications/Supplements/Vitamins you currently use, along with the Dosage, Frequency, and Reason for current use. Please write either DR or SELF to indicate whether the medication is doctor- prescribed or self-prescribed.

(i.e. Ibuprofen, 200mg, 1/day, low back pain, DR (Dr. Smith); Vitamin C, 1000mg, as needed when catching a cold, SELF)

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