Abundant Health Holistic Center

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Please Print as you fill it out

PATIENT NAME ____ Date ______________

What medications are you taking? (☐Rx, ☐Over The Counter, ☐Aspirin, ☐Anticoagulants, ☐The Pill, ☐Hormones, Vitamins, Herbs, greens, probiotics, power bars, drinks including energy drinks, etc.
and Please check if prescribed by a **Physician** (**Rx**) or **Self** prescribed (**SRx**) Include Mfr and dosage.

Medication / Supplement	Dosage	Frequency	Condition	Brand Name	Working?
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N

"Anything" else you take only sometimes or recently stopped taking and why

☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________	_______Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________________	Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________________	Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________________	Mg	______ X Day	For ______________	Mfr ______________	☐Y ☐N
☐Rx ☐SRx ______________________________	_____Mg	______ X Day	For ______________	Mfr ________________	☐Y ☐N