## **My Medications and Supplements**

Tell all members of your healthcare team (doctors, complementary medicine practitioners, and others) about all the medications you are taking, including prescription medications, over the counter medications, herbs, supplements, and vitamins.

## **Prescription Medicines**

Name of Medicine:	Dose & time(s)	Prescribed by:	Reason for medicine:	Side effects and
ranic or meaterie.	taken (ex. 400mg	r rescribed by.	neason for mealence.	notes:
				notes.
	daily at 2PM):			
l				
Over the Count	er (OTC) Medici	nes		
Name of OTC	Dose & time(s)	Recommended	Reason for OTC	Side effects and
medicine:	taken (ex. 200 mg	by:	medicine:	notes:
The district	as needed):	<b>υ</b> γ.	medicine.	110 tes.
	as necacaj.			
Howha Vitamin	and Diatom, C			
	s, and Dietary S			
Name of herb,	Dose & time(s)	Recommended	Reason for	Side effects and
vitamin or	taken (ex. 500 IU in	by:	supplement:	notes:
supplement:	the morning):			