

Patient's Medication, Supplement & Remedy Log

Patient Name: _____ Date: _____ Primary Complaint _____

Please print or type all medicinals, homeopathic remedies, botanical medicines, vitamins, nutritional supplements, over-the-counter and prescription drugs, herbs, oils and any other medicinal product that you are currently taking below:

Source	Manufacturer	Product Name	Dosage	Why do you take this product?

Continue on back of page if needed.

- Types of sources:**
- | | | |
|--------------|----------------------|---------------|
| MD | Self | Acupuncturist |
| Nutritionist | Magazine, book, etc. | Herbalist |
| Chiropractor | Health food store | |

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