Criscar P.A. Medication Chart Mariela Fuenmayor, MD Sarah Fry, RN, FPMHNP

Help us care for you better by telling us what prescriptions and over-the-counter medications you take.

| Prescriptions | | | | | | | |
|---|-----------------------|-------------------------------------|---|--|---------------------------|--|--|
| Name of medicine | Dose (total mg) | How many times per day? | When do take it? (Morning and night? After meals?) | Who prescribed it for you? (Physician's last name) | Why do you take it? | Do have any side-effects? Describe them. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Over-the-counter medications, herbal remedies, vitamins | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Patient's Name: | |
|-----------------|--|
| Date: | |