## **Medication Documentation**



In order for us to provide the best healthcare, it is important for us to know the medications you are taking. Please fill out this form and bring with you to your appointment.

Below, please list each medication you are currently taking including the following: prescriptions, over-the-counter medicine, herbals and vitamin/mineral/dietary supplements.

Medication Name	Dosage	Frequency	Oral, shots, dermal, etc	Condition it is Treating

Patient or Guardian Signature \_\_\_\_

Date

6140 Camino Verde Dr • Ste. I • San Jose, California 95119 • (408) 600-0856

The Tower Office Building • 17600 Monterey Rd • Ste B • Morgan Hill, California 95037 • (408) 465-4557