

## Patient Medication & Appointments

1. Please list all your allergies and reaction to medication, food and to the environment.

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2. Please list all your medication in the boxes below, including over the counter and herbals.

Med. Name	Dose	How taken	How often	Purpose
Example: Paxil	37.5mg	By mouth	Once at bedtime	Depression

3. Please list all your future providers appointment with your PCP, Psychiatrist and or Therapist.

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