



Name: \_\_\_\_\_

up to date as of: \_\_\_\_\_

**PRESCRIPTION MEDICATIONS**

Name of Medicine	Circle Which Applies	Amount you take	How often do you take it?	How do you take it?	Why Do You Take It?
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				

**NON-PRESCRIPTION MEDICINES, OINTMENTS AND DROPS**

Name of Medicine	Circle Which Applies	Amount you take	How often do you take it?	How do you take it?	Why Do You Take It?
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				

**ESSENTIAL OILS, VITAMINS, OR HERBS USED REGULARLY**

What is the name of the product you use?	Circle Which Applies	Amount you take	How often do you take it?	How do you take it?	Why Do You Take It?
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				

**MEDICATION YOU TAKE ONLY WHEN YOU NEED IT**

What is the name of the product you use?	Circle Which Applies	Amount you take	How often do you take it?	How do you take it?	Why Do You Take It?
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				



# MEDICAL PROFILE

Up to date as of: \_\_\_\_\_

NAME: \_\_\_\_\_

EXTRA PAGE

PRESCRIPTION MEDICATIONS					
Name of Medicine	Circle Which Applies	Amount you take	How often do you take it?	How do you take it?	Why Do You Take It?
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				
	AM PM				

## ADDITIONAL INFORMATION