

List of Current Medications

Name of Medicine	Why are you taking this ?	How often ?
1		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
2		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
3		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
4		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
5		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
6		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
7		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
8		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
9		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use

List of Current Patches	Why are you taking this ?	How often ?
1		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use
2		<input type="checkbox"/> regular use <input type="checkbox"/> as needed <input type="checkbox"/> one-time use

List any alternative medications/health remedies that you take regularly

Explain here if you ever had an adverse reaction to medications

To Update Info: if you are no longer taking a medication listed, strike one line through name of medication. Add new medications as needed. If you need a new sheet, contact your North Fork Ambulance at 872-4303.