We have a computerized medical record that will store your medical history in a secure electronic format. We will be building your medical record as you come in for your appointment.

To help build your record accurately we are asking you to complete this list of all your current medications. This list should include the medication name, strength, and dose. Please include any over the counter medications, vitamins, and herbal supplements. The first entry is an example of how to list your current medications. We ask that you fill this out and mail it back to us as soon as possible so that we may have this information available in your record for your next appointment.

Your Name:		Date of Birth:			
Please identify your Primary Care Physician and Clinic: Please provide us with the name and telephone number of your preferred pharmacy:					

NAME OF MEDICATION	STRENGTH	DOSE
Prednisone (EXAMPLE)	5mg	1 tablet every day
Treamoune (EXTINIT EE)	orng	r tablet every day