

Clinical Paradigms

Medication list

Please list ALL vitamin, mineral and herbal supplements. Please include the teas you might drink or energy beverages and multivitamins.

Vitamin/Supplement (including the brand)	Date Started	Dosage/Regimen	Why are you taking the supplement?

Please list all medications. Please bring all of your medications and supplements with you to your first appointment (even if virtual).

Medication	Date Started/Ordering MD	Dosage/Regimen	Why are you taking the medication?

Any Medication/Supplement Allergies or Adverse Reactions? Do you tolerate anesthesia or

Clinical Paradigms

pain medications?

Medication/Supplement	Reaction: (Rash? Headache? Diarrhea? Anaphylaxis?)

	Yes	No
Have your medications or supplements ever caused you unusual side effects or problems?		
Have you had prolonged or regular use of NSAIDS (Advil, Aleve, etc.), Motrin, Aspirin? Describe:		
Have you had prolonged or regular use of Tylenol?		
Have you had prolonged or regular use of acid blocking drugs (Tagamet, Zantac, Prilosec, etc.)		
Frequent antibiotics > 3 times/year		
Long term antibiotics To treat what illness ?		
Use of steroids (prednisone, nasal allergy inhalers) in the past?		
Use of oral contraceptives?		