Troy Naturopathic

Website: www.troynaturopathic.com
Email: drdimpi@troynaturopathic.com
Phone: (248) 906-8889

MEDICATION FORM

Please list all medications (including over the counter) you are currently taking or have taken in the past three years. Begin with the most recently prescribed.

Do you frequently use any of the following? (Circle) Aspirin / Laxatives / Antacids / Birth control pills / Sedatives / Digestive Enzymes / Sleeping pills

(1) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(2) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

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(3) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(4) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(5) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

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DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(6) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(7) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

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IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(8) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____

_____

(9) MEDICINE NAME: _____ PRESCRIBED FOR: _____

DATE PRESCRIBED: _____ DATE DISCONTINUED: _____ PRESCRIBED BY (NAME OF PHYSICIAN): _____

DOSE: _____ FREQUENCY: (I.E. 3X/DAY) _____ TIME OF DAY: (I.E. W/MEALS) _____

COMPLIANCE: (CIRCLE ONE) 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

IF COMPLIANCE IS LESS THAN 100% PLEASE EXPLAIN WHY _____

HAVE YOU EXPERIENCED ANY SIDE EFFECTS? (IF YES THEN PLEASE LIST) _____