

# Patient Health and Medication Update

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**Patient name** \_\_\_\_\_

Do you have any specific health or dental concerns today? Yes/No

If yes, please explain \_\_\_\_\_

Have you been hospitalized since your last visit here? Yes/No

If yes, please explain \_\_\_\_\_

Please list the medications that have been prescribed by your doctor:

**Name of Medications How much and how often? Why do you take it?**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the medications that you have selected on your own (also called "over-the-counter" or OTC). These might include medicines for pain or headache (Tylenol, Motrin ib, Advil), stomach problems (Maalox, Pepto Bismol, Zantac), cough or cold symptoms (Robitussin, Dimetapp, Sudafed), allergies (Benadryl), etc.

**Name of Medications How much and how often? Why do you take it?**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the herbs or other all-natural supplements that you are taking (such as ginseng, St Johns wort, Saw Palmetto, bilberry, etc):

**Name of Herb or Supplement How much and how often? Why do you take it?**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you like to drink grapefruit juice? Yes/No

If Yes, how often? \_\_\_\_\_

Do you like to drink cranberry juice? Yes/No

If Yes, how often? \_\_\_\_\_

Do you regularly take any type of vitamin(s)? Yes/No

If Yes, explain: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_