Current Medication

1. Currently not taking medication?   Yes   No

2. Medications added into patient's file?   Yes   No

Drug	**Dosage**	**Freq.**	**Route**	**Reason**
1._____	_____	____	____	_____
2._____	_____	____	____	_____
3._____	_____	____	____	_____
4._____	_____	____	____	_____
5._____	_____	____	____	_____
6._____	_____	____	____	_____
7._____	_____	____	____	_____
8._____	_____	____	____	_____
9._____	_____	____	____	_____
10_____	_____	____	____	_____