



13 Sunset Drive
Latham, NY 12110
Tel (518) 218-1234

NAME: _____ DATE OF BIRTH: _____

Please list all current medications. Be sure to include **prescriptions, blood thinners, eye drops, and non-prescription** (i.e. herbal supplements, over the counter medications, and vitamins).

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>HOW OFTEN</u>

FOR OFFICE USE ONLY

Reviewed by _____

Date _____