
Medication History

Please record from the most recent to the most distant (past). Also, please indicate those you are on presently, when you started them and how long you were on various medications in the past.

<i>Drug and/or Natural Medications</i>	<i>Present/Past</i>	<i>Start Date</i>	<i>Stop Date</i>	<i>Reason For It and Results</i>