MedicationXpert.com

Over-the-Counter (NON-Prescription) Medication Form

Please fill in all blanks

 # 1

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 2

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 3

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 4

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

Over-the-Counter (NON-Prescription) Medication Form

Please fill in all blanks

 # 5

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 6

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 7

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 8

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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Please fill in all blanks

 # 9

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 10

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 11

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 12

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

Over-the-Counter (NON-Prescription) Medication Form

Please fill in all blanks

 # 13
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 14
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 15
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 16
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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Please fill in all blanks

 # 17
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 18
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 19
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 20
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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 # 21

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 22

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 23

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 24

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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 # 25
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 26
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 27
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 28
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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 # 29
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 30
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 31
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 32
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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 # 33

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 34

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 35

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 36

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page

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 # 37

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 38

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 39

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

 # 40

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (***please explain why and how you take it***)

_____

_____

Please continue on next page