

PT Options

New Patient Supplement Intake Form

1. Please list current PRESCRIPTION medications:

Name of Drug                      How often taken.                      What is dosage?                      What condition is  
(ie 3x per day)                      (mg, mcg, teaspoon...)

Name of Drug	How often taken. (ie 3x per day)	What is dosage? (mg, mcg, teaspoon...)	What condition is it treating?

2. Please list all current SUPPLEMENTS that you are taking:

Name of Supplement                      How much and often                      Brand Name                      Why do you take it?  
How often is it taken?

Name of Supplement	How much and often How often is it taken?	Brand Name	Why do you take it?

3. Please list ALL ALLERGIES to include medication, food or environmental: