Premier Neurology and Wellness Center
1050 SE Monterey Rd. STE 302
Stuart, FL 34994

Date:_____

Patient Name:_____Date of Birth:_____

PLEASE LIST ALL MEDICATIONS YOU ARE **CURRENTLY** TAKING AND WHO PRESCRIBES THEM.
(OR TAPE CURRENT LIST TO THIS LIST)

IF YOU DO NOT TAKE ANY MEDICATIONS, VITAMINS, HERBAL REMEDIES OR OVER THE COUNTER DRUGS, PLEASE STATE THAT.

LIST OF CURRENT MEDICATIONS		
MEDICATION NAME AND STRENGTH	**DOSAGE**	**PHYSICIAN & PHONE #**
VITAMINS / HERBAL REMEDIES / Over the Counter Drugs		