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 #** |
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**VITAMINS / HERBAL REMEDIES / Over the Counter Drugs**