

MY MEDICATIONS

Name:	Birthdate:		
All			
Allergies:			

Help us take better care of you. Please bring a current and complete list of all your medications to your next appointment. If you don't have a current list if medications from your provider, please fill out this form and bring it with you to your appointment. If all your recent care has been through Billings Urban Indian Health and Wellness Center and you have not been seen anywhere else, such as an emergency room, we will have your medications list.

Please include:

- Medications prescribed by your provider
- Homeopathic medications
- Medications you buy at the store
- Vitamins and/or herbal supplements

Medication (prescriptions, over-the- counter, vitamins, supplements)	Dosage (Amount: mg, ml, units, drops)	Route (Taken by mouth, injection, eye, etc.)	Frequency (How often do you take this?)	Pharmacy/Store (where purchased)
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