

Medication Use

Name: _____

Instructions: Check all of the following types of medication that you are currently taking.
Please specify exact names, dosages and how often you take the medication.

☐ Asthma Medicines: _____

☐ Blood Thinners: _____

☐ Diet Pills: _____

☐ Diuretics: _____
(Water Pills)

☐ Heart Medicines: _____
(Nitroglycerin, Digitalis, Rhythm Medicines)

☐ High Blood Pressure Medicines: _____

☐ Insulin: _____

☐ Oral Diabetes Medicine: _____

☐ Thyroid Hormones: _____

☐ Allergy Medicines: _____

☐ Tranquilizers: _____

☐ Other: _____
