## Oasis Therapy CURRENT MEDICATIONS LIST REPORT

PATIENT NAME: DATE:

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LIST ALL THE PRESCRIPTION MEDICATIONS YOUR ARE CURRENTLY TAKING			
NAME OF THE MEDICATION	DOSAGE	FREQUENCY	ROUTE
	(how many or how	(how often do	(how do you take it,
	much you take)	you take it)	i.e., by mouth,
	much you take)	you take it)	injection etc.)
			injection etc.)
LIST ALL OVER-THE -COUNTER MEDICATIONS			
			DOLLTE
NAME OF THE MEDICATION	DOSAGE	FREQUENCY	ROUTE
	(how many or how	(how often do	(how do you take it,
	much you take)	you take it)	i.e., by mouth,
			injection etc.)
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LIST ALL HERBALS, VITAMINS, MINERALS, NUTRITIONAL SUPPLEMENTS			
NAME OF THE MEDICATION	DOSAGE	FREQUENCY	ROUTE
	(how many or how	(how often do	(how do you take it,
	much you take)	you take it)	i.e., by mouth,
			injection etc.)