

Vitamins & Supplements/OTC	Dose	Frequency	What is/are the reasons for taking them?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Medications prescribed by MD	Dose	Frequency	What is/are the reasons for taking them?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Antibiotic History: Have you ever taken repeated courses of antibiotics as a child for ear, throat or respiratory infections? For acne as a teen? Significant infections as an adult?

PHARMACY NAME PHONE ADDRESS

Family Medical History: Does anyone in your family have any of the following?

Cancer	Type Who has/had it?		
Hypertension	Who?	Diabetes	Who?
Heart Disease	Who?	Stroke	Who?
Osteoporosis	Who	Other?	Who?

Exercise: Do you exercise regularly **How often? If not, why not:**

4513 N. Armenia Avenue, Tampa, FL 33603 ♦ (813)414-0825 Fax (813)414-0175

Name: _____