PATIENT:_____ DATE:_____

DOB:_____/_____/_____

CURRENT MEDICATIONS: PRESCRIPTION / NON-PRESCRIPTION

Please list all over the counter (non-prescription) and prescription medications including Vitamins and Herbal supplements that you are currently taking:

(Include those that can cause bleeding: examples are (but not limited to): Aspirin, Ibuprofen, Excedrin, Advil, Motrin, Aleve, Orudis , etc.

NAME OF MEDICATION Example only: Motrin	DOSE 800mg	HOW OFTEN 2 times daily