



Coach House _____
Physical Therapy

Name: _____

Date: _____

List of Current Medications

Please list all pills, tablets, patches, drops, ointments, injections, etc. Include Prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medication you take only on occasion (like albuterol, nitroglycerin, etc.)

Medication	Dosage	How and How Often Medication is Taken	Reason for Taking

I verify that the information provided on this form is true to the best of my knowledge.

Parent/Guardian Signature

Date