



Rehabilitation Physicians, PC

Current Medications List

Name: _____

Pharmacy Name/Phone: _____

Prescription Medications: ***** All Medication including vitamins and OTC *****

Date of Updated Medication	Name of Medication	Strength and Frequency	Route of Medication O _(orally) , SQ _(Injection) , TD _(Transdermal) , IM _(intramuscular)	D/C Date	Initials	
					Staff	DR
OTC or Vitamins						

Allergies

Updated With No Changes – Sign and Date:

Narcotic Agreement

Date Signed _____