



# MEDICAL AND MEDICATIONS INFORMATION -- Sample

## Medications

Symptoms	Medication *	Dosage	Frequency	Notes
Joint Flexibility	Ibuprofen	400 mg	2x/day	
Blood Thinner	Aspirin	81 mg	1x/day	

Providers	Specialty	Phone #	Appointment Cycle
Dr. John Able	Primary Care	941-xxx-xxxx	6 months
Dr. Julia Clear	Dermatology	941-yyy-yyyy	4 months

\* Pharmacy /Address / Phone #


Vaccinations	Date