



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistic Healthcare

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My Current Medication List

Name: _____

Date: _____

Please list all medications which you are currently taking.

Name	Dosage	Purpose	Time when taken (please circle)
			am 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 pm
			am 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 pm
			am 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 pm
			am 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 pm
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