

**THREE RIVERS THERAPY**

10505 W Clearwater Ave Kennewick WA 99336

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**CURRENT MEDICATION LIST**

Please Complete to The Best of Your Ability

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ **DATE THIS LIST WAS COMPLETED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**List all prescriptions as well as over the counter products.**

| DRUG NAME: | DATE PRESCRIBED: | MILLIGRAMS PRESCRIBED: | DISPENSED (EX. 1-3X'S DAILY): | REASON FOR TAKING MEDICATION: |
|------------|------------------|------------------------|-------------------------------|-------------------------------|
|            |                  |                        |                               |                               |
|            |                  |                        |                               |                               |
|            |                  |                        |                               |                               |
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|            |                  |                        |                               |                               |
|            |                  |                        |                               |                               |
|            |                  |                        |                               |                               |
|            |                  |                        |                               |                               |

**Do you have any known allergies to medication?**  yes  no

| DRUG NAME: | DATE LAST TAKEN: | DESCRIBE YOUR REACTION TO THE MEDICATION: |
|------------|------------------|---|
|            |                  |   |
|            |                  |   |

\_\_\_\_\_ **(PLEASE INITIAL)** I have reviewed all my medications with my prescribing provider within the last three months.

**Note: If you have not reviewed your medications with your physician, we encourage you to do so as soon as possible. Remember, your therapist is not a prescribing physician.**

Patient Signature: \_\_\_\_\_

Parent/Guardia Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_