

### Medication and Supplement Summary

Name: \_\_\_\_\_ #1 Date/intails: \_\_\_\_\_

#2 Updated Date/intails: \_\_\_\_\_ #3 Updated Date/intails: \_\_\_\_\_ #4 Updated Date/intails: \_\_\_\_\_

**Hormones/Birth Control:**

Medication Name:	Dose / Strength (e.g. 1 mg):	How many times per day?:	For VHI-Average:

**Pain Medications (Including Over the Counter meds):**

Medication Name:	Dose / Strength (e.g. 1 mg):	How many times per day?:	For VHI-Average:

**Other Medications:**

Medication Name:	Dose / Strength (e.g. 1 mg):	How many times per day?:	For VHI-Average:

**Supplements / Vitamins / Homeopathic Therapies / Chinese Herbs:**

Name:	Frequency:	How long taking this?:	For VHI

New Allergies or Side Effects?  No  Yes - If Yes, please describe:

Pharmacy Name, Location and Tel #:	Compounding Pharmacy Name, Location and Tel #:
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## PATIENT EXAMPLE

Name: \_\_\_\_\_

#1 Date/intails: \_\_\_\_\_

**Hormones/Birth Control:**

*Medication Name: Dose / Strength (e.g. 1 mg): How many times per day?: For VHI-Average:*

<i>Medication Name:</i>	<i>Dose / Strength (e.g. 1 mg):</i>	<i>How many times per day?:</i>	<i>For VHI-Average:</i>
<b>Estrace Tablets</b>	<b>1 mg</b>	<b>1 every am</b>	
<b>Vivelle Dot</b>	<b>0.1 mg</b>	<b>1 patch every 2-3 days</b>	

**Pain Medications (Including Over the Counter meds):**

*Medication Name: Dose / Strength (e.g. 1 mg): How many times per day?: For VHI-Average:*

<i>Medication Name:</i>	<i>Dose / Strength (e.g. 1 mg):</i>	<i>How many times per day?:</i>	<i>For VHI-Average:</i>
<b>Norco</b>	<b>10/325</b>	<b>1-2 every 4-6 hours when in pain – LD: 8:30 am</b>	
<b>Percocet</b>	<b>10/325</b>	<b>1 every 4-6 hours</b>	

**Other Medications:**

*Medication Name: Dose / Strength (e.g. 1 mg): How many times per day?: For VHI-Average:*

<i>Medication Name:</i>	<i>Dose / Strength (e.g. 1 mg):</i>	<i>How many times per day?:</i>	<i>For VHI-Average:</i>
<b>Synthroid</b>	<b>75 mcg</b>	<b>1 every am</b>	
<b>SR T3 compound</b>	<b>7.5 mcg</b>	<b>1 every am and noon</b>	
<b>Borox Suppositories</b>		<b>Cycle day 14-21</b>	

**Supplements / Vitamins / Homeopathic Therapies / Chinese Herbs:**

*Name: Frequency: How long taking this?: For VHI*

<i>Name:</i>	<i>Frequency:</i>	<i>How long taking this?:</i>	<i>For VHI</i>
<b>DIM</b>	<b>1 pill every morning</b>	<b>2 years</b>	
<b>Ultra InflammX shakes</b>	<b>2 x a day</b>	<b>5 months</b>	
<b>Insinase</b>	<b>2 x a day</b>	<b>5 months</b>	

New Allergies or Side Effects?  No  Yes - If Yes, please describe:

**I notice that I get a rash on my neck when I take the Synthroid.**

<i>Pharmacy Name, Location and Tel #:</i>	<i>Compounding Pharmacy Name, Location and Tel #:</i>
<b>Walgreens on Santa Cruz Ave in Los Gatos, CA Tel: (408) 123-4567</b>	<b>Silicon Valley Pharmacy on Winchester in Los Gatos, CA Tel: (408) 345-6789</b>