

Name/Description	Schedule	How Often Taken			Reason for Not Taking			
	1x day, 2x day, weekly, as needed, etc	every day	at least every other day	as often as possible	do not take	do not like	do not know how to take	do not have time to take
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

*Please report any medication side effects to the manufacturer's representative

Please list any vitamins, supplements, or other medications you are taking:

For more information:



Name/Description

Schedule

1x day, 2x day,
weekly, as needed, e

every day
always

as needed
daily

as needed
as needed

as

as needed
as needed