



# Drug List

Page \_\_\_ of \_\_\_  Update  CIF

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete for: 1) all prescribed drugs, 2) any non-prescription drugs taken on a daily or weekly basis, and 3) anything else your M.D. prescribes, even if not a drug.

**INSTRUCTIONS:** Complete each column, listing drugs that are your highest priority first. Under Drug List in the heading above, please check the box that applies for CIF if you are a new client and this Drug List is a **continuation of the drug list on the Client Information Form (CIF) or check Update** if a physician has recently prescribed a new drug, made a dosage or frequency change to a current drug or discontinued a drug that was listed a previous Drug List from us. If discontinued, simply write the Name of the Drug in Column one and then anywhere on the same line, put "discontinued on \_\_\_\_\_ (date discontinued)." **TYPE**, put Pill, Powder, Liquid, Sublingual, Injection. **STRENGTH** of a Drug is, for example, .5 mg., indicate **DOSAGE** as follows: 1X3 means one pill taken three times daily.

NAME OF DRUG	PURPOSE FOR TAKING	TYPE	STRENGTH AND DOSAGE	DATE STARTED Approximate Date is OK	PRESCRIBING PHYSICIAN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

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