

# MEDICATION HISTORY SCRIPT

## MEDICATION HISTORY SCRIPT

### Allergies

- Do you have an allergy to or avoid any medications due to side effects?
- What type of reaction do you have?

### Prescription Medications

- What prescription medications do you take on a regular basis?
- When do you take them?

### Non-prescription Medications

- What non-prescription over-the-counter medications do you take on a regular basis?
- When do you take them?

### Herbals, Supplements, Vitamins

- What herbal, natural or homeopathic remedies do you take?
- What vitamins or minerals do you take?
- When do you take them?

## ADDITIONAL QUESTIONS

### Do you use any:

- Eye drops
- Nose sprays
- Puffers (inhalers)
- Medicated lotions or creams
- Medicated patches

### Do you receive any:

- Needles (injections)
- Samples from the doctor's office
- Study medications

### Do you take any medication on a regular basis for:

- Sleep
- Your stomach
- Your bowels
- Pain

Did you or your doctor recently change or stop any of your medication?