Diagnostic Neurology
Clinic of Houston

FRONT OFFICE: 713.467.8491

PATIENT MEDICATION INFORMATION

Date: _____ Patient Name: _____

Birth Date: _____

Pharmacy Name: _____ Pharmacy Phone: _____

ALLERGIES:

_____

_____

CURRENT Medications (Prescribed and Over-the-counter) and Supplements with Dosage:

1. _____ Dose: _____
2. _____ Dose: _____
3. _____ Dose: _____
4. _____ Dose: _____
5. _____ Dose: _____
6. _____ Dose: _____
7. _____ Dose: _____
8. _____ Dose: _____
9. _____ Dose: _____
10. _____ Dose: _____
11. _____ Dose: _____
12. _____ Dose: _____
13. _____ Dose: _____
14. _____ Dose: _____
15. _____ Dose: _____

Discontinued Medications:

1. _____ Date Discontinued: _____ Reason: _____
2. _____ Date Discontinued: _____ Reason: _____
3. _____ Date Discontinued: _____ Reason: _____
4. _____ Date Discontinued: _____ Reason: _____