FPG MEMORY DISORDER CLINIC AT PINETREE PLAZA

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Family Report: Medication History

Patient Name: ____ Date ________________

Please list all prescription medications that the person is currently taking.

Name of Medication	Strength, Times per Day
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________

Please list all over-the-counter medications that the person is taking at least once a week.

Name of Medication	Strength, Times per Day
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________
__________________________	____________________________