

PRAIRIE SPRING ACUPUNCTURE CLINIC

Medications and Supplements and Implants

Date _____

Please be as thorough as possible. Your answers may have a direct impact on the treatment strategy most appropriate for your situation. If you brought a list with you, you may attach it to this form.

Please list all medications you are currently taking and dosages. Indicate "None" if none taken.

Medication	Dosage	Taking since:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all herbal supplements or vitamins you are taking and the daily amounts. Indicate "None" if none taken.

Supplement/Vitamin	Daily Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any metal plate, metal screw, or other metal object temporarily or permanently implanted in your body? If yes, please list what it is and its location.

Do you have a pacemaker, stent or any other implant in your body? If so, please list what it is and where it is located.

