HILLSBORO WOMEN'S CLINIC

CLINIC SERVICES MEDICATION SUMMARY SHEET

Medications: Long Term, OTC, Herbals & Topical

Name, Dose, Frequency	Date	Date	Date	Date	Date	Date
Medical Assistant Initials						
Practitioner Initials						
(Practitioner must initial at each visit) Key: Y-yes No - no Start Date, Stop Date						
Allergies/adverse reactions - see Medical History - Current Problem Sheet						
Patient Name: DOB:						