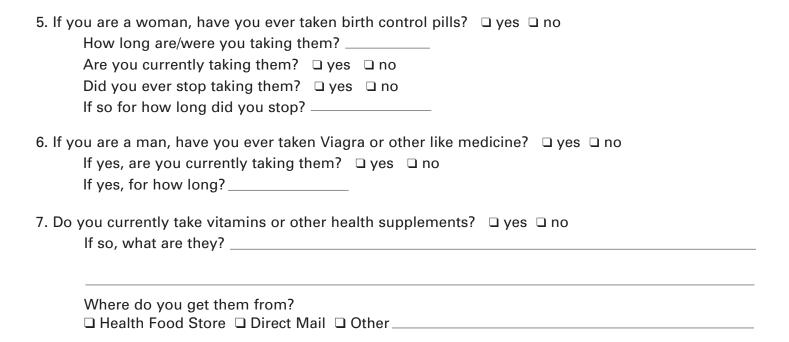
Medication Intake Form

Name:	Date:
Various health concerns can sometimes be caused by overall health and the maintenance of that health that we history. Please fill out this form as completely as poss	e get a complete understanding of your medication
What medication are you currently taking and for what time frame have you been taking it?	What is it for?
2. What medication have you been on in the past and for what time frame did you take it?	What was it for?
3. Have you ever taken antibiotics? yes no How many times in your life have you taken the When was the last time you took them?	
 Did your doctor follow-up with instructions on how regime was over? □ yes □ no 	to re-establish normal flora after the antibiotic
If yes, what were the instructions?	

Medication Intake Form





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