

**List of Current Medications**

List all medications you are taking (including tablets, patches, drops, ointments, injections, etc.). Include all prescription, over the counter, herbal, vitamin, and diet supplement products.

I am not taking any medications at this time.

See Attached

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
3. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
4. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
5. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
6. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_
7. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Prescriber: \_\_\_\_\_

*\*Please continue on the back of this page if you need more space.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Audiologist Signature

\_\_\_\_\_  
Date

***For Office Use Only***

Updated: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ AuD Sign: \_\_\_\_\_

Updated: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ AuD Sign: \_\_\_\_\_