Medication List for _____ **Date** _____

Sage Minder

Current Prescription Medications

Brand name	Generic Name	Dose	Instructions	Condition Taken For	Prescribed by	Start Date

Non-prescription Medications, Vitamins, Minerals, and Other Supplements

Item	Type-Med, Vitamin, etc	Dose	Instructions	Condition Taken For	Recommen-ded by	Start Date

Known Allergies (drug, food, substance, etc.): _____

_____