Wise Woman Wellness, LLC
Natural Options for Midlife Transitions

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My Medication and Supplement List

Date: _____ **Allergies:** _____

Name: _____ _____

Prescription Medicines

Name of Medicine	Dose (Examples: mg, ml, units, puffs, drops)	When do I take this medicine? (check time)					Why do I take it?
		AM	NOON	PM	BED-TIME	WITH FOOD	

Over-the-Counter Medicines (such as herbals, vitamins, antacids, aspirin)

Name of Medicine	Dose (Examples: mg, ml, units, puffs, drops)	When do I take this medicine? (check time)					Why do I take it?
		AM	NOON	PM	BED-TIME	WITH FOOD	