

CAREFREE PHYSICAL THERAPY
7208 E. Cave Creek Road
Carefree, Az. 85377

PATIENT NAME: _____ **DATE:** _____

LIST OF CURRENT MEDICATIONS

Please list all prescribed and over-the counter medications you are currently taking, or if you have a preprinted list we will copy it for you:

<u>MEDICATION</u>	<u>REASON</u>	<u>DOSE/FREQUENCY</u>	<u>ORAL, TOPICAL, INJ</u>

Please list any **allergies** or **sensitivities** to medication you may have:

PATIENT SIGNATURE: _____ **DATE:** _____