

EXTRAORDINARY ACUPUNCTURE
DRUG WORKSHEET

**List of Any Prior Long-Term Drugs Prescribed
(include duration of antibiotic or steroid use):**

List all Vitamins, Herbs, Supplements Taken:

CURRENT MEDICATIONS

Brand/Generic Prescription Drug Name:

Dosage: _____

Reason Why Drug Prescribed:

Any Interaction with this Drug with Other Drugs, Supplements, or Food:

Any New Problems or Complaints Since Drug Started
or Any Adverse Effects Attributed to Drug You May Have Experienced:

Brand/Generic Prescription Drug Name:

Dosage: _____

Reason Why Drug Prescribed:

Any Interaction with this Drug with Other Drugs, Supplements, or Food:

Any New Problems or Complaints Since Drug Started
or Any Adverse Effects Attributed to Drug You May Have Experienced:

Brand/Generic Prescription Drug Name:

Dosage: _____

Reason Why Drug Prescribed:

Any Interaction with this Drug with Other Drugs, Supplements, or Food:

Any New Problems or Complaints Since Drug Started
or Any Adverse Effects Attributed to Drug You May Have Experienced:

Please indicate any "over-the-counter" medications used [antacids, aspirin, Tylenol, Advil, cough medicine, cold formulas, laxatives, etc.] _____

Any Long-Term Use of "Street" Drugs [marijuana, cocaine, ecstasy, LSD, mushrooms, etc.]?

Any Allergies to Any Medications? _____