



**Consumer Name:** \_\_\_\_\_

**List of Current Medication(s)**

**The Parent/Legal Guardian of the above consumer must complete this form.**

List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (Example: Albuterol, Nitroglycerin, etc.).

*\*Note: If there are no current medications that are taken, write "None", and sign this form.*

	Name of Medicine & Strength (ex. mg, units...)	How to take	How Often
<b>Ex:</b>	Risperidone 0.5mg	Take 1 tablet by mouth	2 times daily, 1 Tab in AM & 1 Tab PM
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date