LIFESTYLE MEDICINE INSTITUTE
Loma Linda, CA 92354-0474
909-796-7676 Fax 909-799-9799

MEDICATION FORM

for Lifestyle Evaluation

NAME: _____

Please list: first, the prescription drugs, then, the over-the-counter drugs

		***HeartScreen* #1 Date:**				***HeartScreen* #2 Date:**		
#	Name of Medication	Dose mg/gm	Times a day	Daily dose	Reason for Taking	Dose mg/gm	Times a day	Daily dose
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

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