MEDICATIONS			
What medications are you taking now? Include non-Rx preparations.			
Name	Date Started	Dosage	# per day

VITAMINS, MINERALS & NUTRITIONAL SUPPLEMENTS			
List all vitamins, minerals and other nutritional supplements.			
Indicate strength in mg. Or IU's, and the form (calcium carbonate vs. calcium lactate) when possible			
Name	Date Started	Dosage	# per day
Please bring the labelled bottle or label only, of any multi-vitamin,			
vitamin/mineral or combination nutritional supplement you are taking.			