THE UNIVERSITY OF KANSAS PHYSICIANS
Integrative Medicine

Medication/Supplement List

How many times and at what ages have you taken

	Infancy	Childhood	Teen	Adulthood
Antibiotics	_____	_____	_____	_____
Steroids	_____	_____	_____	_____

Include non-prescription drugs as well as vitamins, minerals, and other nutritional supplements. Indicate the mg or IUs and the form (e.g. calcium vs. calcium lactate) when possible.

Supplements / Medications	Dose	Units	Frequency	Start Date	Stop Date
				___ / ___ / _____	___ / ___ / _____
				___ / ___ / _____	___ / ___ / _____
				___ / ___ / _____	___ / ___ / _____
				___ / ___ / _____	___ / ___ / _____
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				___ / ___ / _____	___ / ___ / _____

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