

## **CURRENT MEDICATION LIST**

Please list all of the medications and supplements you are currently taking. Be sure to include the dosage and the
time of day that you take each one.

Name:	Date of Bir	th:	Date completed:	

MEDICATION	DOSAGE	BREAKFAST	LUNCH	DINNER	BEDTIME
(example) METFORMIN	500 mg	X		X	

**QuadMed TakeControl Program** | (228) 205-7667 (tel) | (228) 205-7715 (fax) | TakeControl@quadmedical.com (email) Mail to: HII Family Health Center, Attn: TakeControl, 2105 Old Spanish Trail, Gautier, MS 39553

For internal use only:	
Clinical Date: #	