20231 Paint Boulevard
Shippenville, PA 16254
(814) 226-1159
Fax (814) 227-2876

850 Leonard Street
Clearfield, PA 16830
(814) 205-4004
Fax (814) 205-4013

Medication List

Client Name:____ Date:___________________

Are you currently taking any prescribed medications: ______Yes ______No

If yes, please explain:

Name of Medication	**Prescribing Physician**	**Date Prescribed**	**Dosage**	**Side Effects**

Do you suffer from any medication allergies: ☐ Yes ☐ No

If yes please list the medication you are allergic to and the adverse reactions you experience:____

____

____

Client Name: Client ID: