TNS

TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC
3310 Croasdaile Drive, Suite 400
Durham, NC 27705

CURRENT MEDICATIONS LIST

Patient Information:

Name: _____

Date of Birth: _____

Primary Care Physician: _____ Phone: _____

Drug Allergies: _____

Today's Date: _____

Please list Prescription, Non-prescription, Vitamins, and Herbals. Please list medications that are taken daily and also those medications that are taken occasionally.

Medication	Dosage	Frequency	Reason	Comments

Please check here if there are additional medication pages attached to this one [__], if so this is page ____ of ____.

The accuracy of the information in this document depends on the accuracy and completeness of information provided by the patient at the time this document was prepared. The patient is responsible for advising Triangle Neuropsychology Services, PLLC of any changes to these medications.