



Parekh Medical Clinic-Home Medication Form for Your Safety

Patient Name: _____

please include any of the following medications you are presently taking at home: Prescription medications, over the counter medications, herbal medications, patches, ointments, injections, eye drops, inhalers, etc...*

<u>MEDICATION NAME</u>	<u>DOSE</u>	<u>MEDICATION TIMES</u>	<u>REASON</u>

**** if you are unable to complete this list, bring your home medications with you****