I'M CURRENTLY ON MED	S I'M CURRENTLY ON MEDS
Name:	Name:
I am being treated for:	I am being treated for:
Start date: Last date:	Start date: Last date:
Medication:	Medication:
Dosage:	Dosage:
□ 1x/day □ 2x/day □ other:	□ 1x/day □ 2x/day □ other:
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	Medication:
Medication:	
Medication: Dosage:	Dosage: