SEDRO WOOLLEY PHYSICAL THERAPY Name_____

Please list all medications you are currently taking (including vitamins/herbs and over the counter medicines) in the space below. *You may provide us with your own handwritten or typed list if you prefer.*

Medication Name	**Used for** (pain, blood pressure etc.)	**Dosage**	**Frequency**	**Method of Administration:** *(oral, sublingual, topical, injection)*