Blackstone Valley Physical Therapy Services, Inc.
670 Linwood Ave Suite 2
Whitinsville, MA 01588
P: (508) 234-7544 F: (508) 234-8002
www.bvpts.com

Medication List

Patient Name: _____ Initial Date:_____

Please list all prescription medication, over the counter medication, herbals, or vitamin/dietary supplements you are presently taking.

Medication Name	Dosage	Frequency [Circle which applies]	Route [Circle which applies]
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection
		Once/day / Twice/day Other:	Oral / Injection

Signature: _____

Updated on:_____