**Roger A. Harden, MD**
**11623 Angus Road, Suite 11**
**Austin, TX 78759**
**(512) 338-1366**

**Patient Name**_____
**Date of Birth**_____
**Date**_____

# MEDICATIONS YOU ARE NOW TAKING

*Please list information about all medications that you are now taking or have recently taken. Be sure to include non-prescription drugs, topical/skin medications, eye drops, herbs, homeopathic preparations and supplements. List also any medicines that you take only occasionally, like aspirin, etc.*

| Medication | Dose (mgs, puffs, etc.) | Prescribed frequency (once a day, etc.) | How often have you been taking it recently? | Start date | Stop date | Reason for taking medication | Name of prescribing doctor |
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