

Transitions Professional Center, LLC
3735 SW River Parkway, Portland, OR, 97239
503-972-7090

Name: _____
Date: _____



MEDICATION LIST

Your health insurer may require that we keep a list of medications/supplements on file. Please include over-the-counter medications, prescribed medications, vitamins, herbal preparations or supplements that you are currently taking. If you have a medication list from your provider, please provide a copy at your appointment.

Medication Name	Dosage	Frequency (e.g., # times taken daily)	Prescriber