

# BACK TO NORMAL PHYSICAL REHABILITATION

## PATIENT MEDICATION SHEET

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Patient Name \_\_\_\_\_

Date \_\_\_\_\_

List medications you are currently taking and the reason for taking it.

Meds & Dosage:

Medical Condition:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

List any surgeries you have had in the past.

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