SalemGastro
Digestive Health Specialists

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Salem OR 97301

Phone 503-399-7520
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# My Medications

Name_____

Date of Birth _____

| My list of Medications | Strength | Times/Day |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| My list of Non-Prescription Drugs | Strength | Times/Day |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Known Allergies**

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_____

| My Treatment Team: | Name | Phone# |
|---|---|---|
| Primary Care Physician | | |
| Nurse/TCM | | |
| Therapist | | |
| Psychiatrist | | |
| Other | | |
| Other | | |