



### OVER-THE-COUNTER MEDICATIONS

Please list over-the-counter medications you use at least **once a week**.  
(Include Vitamins, Herbs, Natural Products and Supplements.)

Drug	Reason for Taking	Dosage	Frequency	Hour Taken	Length of Time Used

### HISTORY OF PSYCHOTROPIC MEDICATIONS

Please list any medication you've taken in the past to treat depression, anxiety, "nerves", or any mental health diagnosis or symptom.

Drug	Reason for Taking	Dosage	Frequency	Hour Taken	Length of Time Used