



Burkhardt
Physical Therapy
Center, LLC

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List of Current Medications

Patient Name: _____ Date: _____

List all tablets, patches, drops, ointments, injection, etc. Include prescription, over the counter, herbal, vitamin and diet supplement products. Also list any medication you take only on occasion. (like Viagra, albuterol, nitroglycerin)

Medication Name	Dosage	How often you take the Medication	Reason for taking	Date started	Prescriber

By my initials and date I acknowledge that I have reviewed my medication list and I verify that my status indicated below is true upon date of signature.

Signature: _____ Date: _____

____ Initial _____ Date I report no changes in medication reported above.

____ Initial _____ Date I have updated my medication reported above.