Consumer Drug Information Worksheet

(Make multiple copies, as needed)

Questions for Your Physician

Before going to the doctor: Fill out this form for all drugs that you are taking. By looking at the prescription bottle, fill in the dosage and the frequency.

With your doctor, nurse or other provider: Ask for help in filling out the remaining cells.

Before the doctor visit			**During the doctor visit**		
Drug Name	**Dose** *(i.e. 20 mg.)*	**Frequency** *(i.e. 2 times per day)*	**Purpose**	**Treatment Substitutions Acceptable?** *(Circle One)*	**Physician Special Concerns**
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	