

Client Name: _____

Nutrition Factory, LLC
68 Main Street, Suite 3 Andover, MA 01810
978-474-4478

Medication and Supplement List

Please record all medications (prescription and over the counter), and any vitamin or herbal supplements that you currently take. If you know the dosage, please record that as well and how many times a day you take each one and the approximate date of when you started taking the medication or supplement.

Name of Medication or Supplement	Dosage	How Many Times Taken Per Day	Date When Started