**Melanie Masters M.A., LMFT**

Current Medication List

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all current medications that you are taking, purpose and prescribing doctor.

Medication/Dosage Reason Doctor

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