PHOENIX
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MEDICATION HISTORY

Client Name ______________________________ Date ____________________

Name of Medication	Date Began	Date Ended	How is medication taken?	Dosage	Prescribing Physician/ Psychiatrist
			__ Topical __ Oral __ Injection	__ 1x daily __ 2x daily __ 3x daily __ 4x daily __ as needed	
			__ Topical __ Oral __ Injection	__ 1x daily __ 2x daily __ 3x daily __ 4x daily __ as needed	
			__ Topical __ Oral __ Injection	__ 1x daily __ 2x daily __ 3x daily __ 4x daily __ as needed	
			__ Topical __ Oral __ Injection	__ 1x daily __ 2x daily __ 3x daily __ 4x daily __ as needed	
			__ Topical __ Oral __ Injection	__ 1x daily __ 2x daily __ 3x daily __ 4x daily __ as needed	