Powers Ferry Psychological Associates, LLC

1827 Powers Ferry Road, Building 22, Atlanta, Georgia 30339

Phone: 770.953.4744 * Fax: 770.953.4640

Website: www.powersferrypsychology.com

PATIENT MEDICATION RECORD

Name: _____

Please list all CURRENT medications, drugs, or other substances you take (e.g., prescribed, over-the-counter, vitamins, herbs, and others):

Medication/Drug	**Dosage** (How much?)	**Frequency** (How Often?)	**Prescribed by:**	**Date Prescribed**	**Note Any Changes** (include dates)