



PROACTION

PHYSICAL THERAPY

MEDICATION LIST

Patient's Name: _____ Doctor's Name: _____

PRESCRIBED MEDICATION:				
MEDICATION NAME(s)	PURPOSE	DESCRIPTION	DOSAGE	FREQUENCY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Patient Height: ____' ____"

Patient Weight _____ lbs