## Active Physical Therapy Solutions 91 Columbus Street

Auburn, NY 13021 T: (315) 515-3117 F: (315) 515-3121

Patient Name:	Date:	

Current Medicare Medication  *Must include medication name, dosage, frequency, and route of administration  to satisfy Medicare Regulations*					
<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>		
ver The Counter Medic	ation (Advil, Aleve, etc.):				
<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>		
itamin/Mineral/Dietary	· Supplements (Multivitamii	ns, Vitamin C, etc.):			
<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>		
erbals (Echinacea, Saw	Palmetto, Ginkgo Biloba, et	·c.):			
<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>		