Integrative Health
Lewiston Family Chiropractic, LLC

Current Family Physician: _____

Current pharmacy / pharmacist: _____

Please list any medications, vitamins or supplements that you are currently taking:

	Medication Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please list any known allergies and your reaction to them:

	Allergies	Reaction	Onset Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list supplements and naturals you are currently taking:

	Supplements	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____