

**DR. SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458**  
**INC.**

**CLIENT MEDICATION LIST**

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- **Medication:** include both prescription medications and over the counter or herbal medicines
- *Strength:* the dose per tablet (usually in milligrams)
- **Schedule:** the frequency and timing of the medication (for example “one at bedtime”; “one before each of three meals daily”; “when I have panic attacks”; about three tablets per week
- **For:** what is the problem symptom or difficulty being treated?
- **Started:** please indicate the start date of medication

1. Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Schedule: \_\_\_\_\_

Reason for Taking Medication: \_\_\_\_\_ Started: \_\_\_\_\_

Changed: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Schedule: \_\_\_\_\_

Reason for Taking Medication: \_\_\_\_\_ Started: \_\_\_\_\_

Changed: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Schedule : \_\_\_\_\_

Reason for Taking Medication: \_\_\_\_\_ Started: \_\_\_\_\_

Changed: \_\_\_\_\_

4. Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Schedule: \_\_\_\_\_

Reason for Taking Medication: \_\_\_\_\_ Started: \_\_\_\_\_

Changed: \_\_\_\_\_