

Center for Health and Healing, S.C.

Fred J. Schultz, M.D., F.A.A.F.P.

FAMILY PHYSICIAN SINCE 1980

2150 Manchester Road • Wheaton, IL 60187

(630) 933-9722 • (630) 933-9724

www.drfredschultz.com

patientcare@drfredschultz.com

NAME _____

DATE _____

CURRENT SUPPLEMENTS and MEDICATIONS

(Prescribed by all practitioners or self-prescribed)

DATE	SUPPLEMENT or MEDICATION NAME (include brand name for supplements)	STRENGTH	HOW MANY (per day)	FORM (ex: capsule, tablet, chewable, cream, patch, etc.)	WHEN TAKEN (ex: upon arising, breakfast, mid-morning, lunch, mid-afternoon, dinner, bedtime)