

Medications and Supplements

Medications you are currently taking

Medication, dose, time taken	Consistent (C) or Inconsistent (I)	Prescribed by whom? Or self-prescribed?	Approx. start date	Approx. finish date (if not ongoing)	Reasons for use	Effectiveness	Adverse effects or unusual reactions
time taken	inconsistent (i)	sen-prescribeu:	uate	(ii flot origoring)			unusuarreactions

Supplements you are currently taking

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