Yellowstone Naturopathic Clinic - 720 N 30th St., Billings, MT 59101 (406-259-5096)

Name _____ Doctor _____Date _____

Please list all your **current** Medications and Supplements below.
(Include all your prescribed and over-the-counter items.)

Medication	Dosage	Directions

Drug Allergies? No _____ Yes (please explain) _____

Have you had a recent weight gain or loss? No _____ Yes (please explain) _____

Are you having difficulty in your ability to perform routine daily living activities or a change since your last visit?

No _____ Yes (please explain) _____

Do you have concerns about safety in your home/falls? No _____ Yes _____

Do you have concerns about physical or emotional abuse? No _____ Yes _____ (optional)

(You may discuss the above with the doctor instead of indicating your concern(s) on this form.)