



PHYSICAL THERAPY, PLC

Medication List

Patient name: _____

Please list all current medications:

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