Kirk Center for Healthy Living
Therapy for Pelvic Pain, Incontinence, Infertility and Gastrointestinal Disorders

16618 W 159th St, Suite 401 & 402, Lockport, IL 60441
5851 W 95th Street, Suite 300, Oak Lawn, IL 60453
Phone: **(815) 838-0529** ❖ Fax: **(815) 838-0652**
Website: **kc4hl.com**

DOCUMENTATION OF CURRENT MEDICATIONS

Use the below grid to document your current list of medications. This list ***must*** include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND ***must*** contain the medications' name, dosage, frequency and route of administration (oral, topical, suppository, inhalant, intravenous).

Medication / Supplement	*Dosage*	*Frequency*	*Route of Administration*

I do hereby attest that this information is true, accurate and complete to the best of my knowledge.

_____ _____
Patient/Guardian Signature *Date*

I have reviewed the above current medication list with the patient/guardian and it is to the best of my knowledge accurate as of the below signed date.

_____ _____
Therapist Signature *Date*