



# HUMBOLDT HAND & FOOT THERAPY, INC.

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## MEDICATION LIST

**Your insurance requires that we obtain the following:** A medication(s) list for our patients. Please list all medications, either prescription or over the counter (supplements, vitamins, herbals) that you are taking currently. We need the name, dosage and how often it is taken. **This MUST be filled out and brought in on your first visit.**

Patient's Name: \_\_\_\_\_

	Name	Dose	How often (daily)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____

If more space is needed please attach another sheet of paper.