Calm Shores
INTEGRATIVE WELLNESS

Medication, OTC and Supplement List

One clear record of what you take, how you take it, and why.

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Patient name | **Date of birth** | **Last updated**

List every prescription medication you currently use. Enter what you actually take, even when it differs from the label directions.

Prescription Medications

Medication name	Dose or strength	Frequency	Reason for taking it	Prescribing clinician

Also include prescription creams, patches, drops, inhalers, injections, and medications used only as needed.
Use the next pages for nonprescription products, vitamins, minerals, herbs, powders, gummies, and other supplements.

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Common OTC Medications

Check each product you use. Enter the exact product, dose, frequency, and reason.

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Include daily products and products used only as needed. Combination products may contain more than one active ingredient.

Use	Common product or category	Exact product, ingredient, or form	Dose or strength	Frequency	Reason or goal
☐	**Acetaminophen** Tylenol or generic				
☐	**Ibuprofen** Advil, Motrin, or generic				
☐	**Naproxen** Aleve or generic				
☐	**Aspirin** any dose or formulation				
☐	**Topical pain product** diclofenac, lidocaine, menthol, or other				
☐	**Allergy medication** cetirizine, loratadine, fexofenadine, or other				
☐	**Diphenhydramine or doxylamine** allergy or sleep product				
☐	**Nasal spray** saline, steroid, decongestant, or other				
☐	**Decongestant** pseudoephedrine, phenylephrine, or other				
☐	**Cough medicine** suppressant, expectorant, or other				
☐	**Cold or flu combination** record every active ingredient if possible				
☐	**Antacid** calcium carbonate or other				
☐	**Acid reducer** famotidine, omeprazole, or other				
☐	**Anti-diarrheal product** loperamide, bismuth, or other				
☐	**Laxative or stool softener** fiber, polyethylene glycol, senna, or other				
☐	**Nausea or motion sickness product** meclizine, dimenhydrinate, or other				
☐	**Topical skin product** hydrocortisone, antifungal, antibiotic, or other				
☐	**Other OTC medication**				

Include products used occasionally, seasonally, or recently stopped. Use the exact label when possible. If you are unsure, attach or bring label photos.
A checked box identifies use. It does not indicate that the product is recommended or appropriate for every person.

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Vitamins and Minerals

Record the exact form and amount shown on the Supplement Facts label.

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The nutrient name alone may not identify the formulation. Include the form when the label provides one.

Use	Common product or category	Exact product, ingredient, or form	Dose or strength	Frequency	Reason or goal
☐	**Multivitamin or prenatal** record the exact product				
☐	**Vitamins A, E, or K** record the exact vitamin and form				
☐	**Vitamin C**				
☐	**Vitamin D** include D2 or D3 if known				
☐	**B complex** record the exact product				
☐	**Individual B vitamin** B1, B6, B12, folate, or other				
☐	**Calcium** include carbonate, citrate, or other form				
☐	**Magnesium** include citrate, glycinate, oxide, or other form				
☐	**Iron** include the form if known				
☐	**Zinc** include the form if known				
☐	**Selenium**				
☐	**Iodine**				
☐	**Potassium**				
☐	**Electrolyte product** powder, drink, tablet, or other				
☐	**Omega 3 or fish oil** record EPA and DHA amounts if available				
☐	**Fiber supplement** psyllium, methylcellulose, inulin, or other				
☐	**Other vitamin or mineral**				
☐	**Other vitamin or mineral**				

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Other Supplements and Nutrition Products

Include herbs, powders, gummies, drops, teas, and products used only occasionally.

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For blends, record the complete product name and attach label photos when the ingredient list will not fit.

Use	Common product or category	Exact product, ingredient, or form	Dose or strength	Frequency	Reason or goal
☐	**Probiotic** include genus, species, and strain if known				
☐	**Protein, collagen, or amino acid** record the exact product				
☐	**Creatine** record the form and amount				
☐	**Melatonin**				
☐	**CoQ10** ubiquinone, ubiquinol, or other				
☐	**Turmeric or curcumin** record the formulation				
☐	**Glucosamine or chondroitin**				
☐	**Digestive enzyme** record the exact product				
☐	**Herbal or botanical product** record every ingredient if possible				
☐	**Adaptogen product** record every ingredient if possible				
☐	**Menopause or hormone support** record every ingredient if possible				
☐	**Greens or superfood powder** record the exact product				
☐	**Mushroom product** record the species and formulation if known				
☐	**Sports or performance product** pre-workout, recovery, or other				
☐	**Tea, tincture, drops, or powder** used for a health related reason				
☐	**Other supplement**				
☐	**Other supplement**				
☐	**Other supplement**				

Include products used occasionally, seasonally, or recently stopped. Use the exact label when possible. If you are unsure, attach or bring label photos.
A checked box identifies use. It does not indicate that the product is recommended or appropriate for every person.