



Florida Institute for
Clinical Research

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Patient Medication History

WHAT MEDICATIONS ARE YOU TAKING? (Include over the counter medications, vitamins, herbs and natural products) QUE MEDICINAS ESTA TOMANDO? (Incluya medicinas sin receta, vitaminas y otros productos naturales)

Medication (Medicina)	Dose (Dosis)	How often (Frecuencia)	Started when (Cuando empezo)	Taking for what (Para que la toma)

Patient Signature: _____ Date: _____