# Allergy & Health Solutions Center

## *NAET Client Medication, Supplements and Herbs Form*

Please list below all medications, vitamins, supplements, protein drinks, laxatives, essential oils, medicinal teas, and herbs, including medical marijuana, you are currently taking, and the reason why. **Keeping this information current** is very important for your health assessment.

**Bring this form with you to all your appointments, along with all the items listed below in their original containers.**

**If you suspect an allergy to an environmental substance** such as fertilizer, your pillow, pet hair, kerosene, loose liquids or powders, **please bring a SMALL SAMPLE with you. Place your sample in a SMALL GLASS container for testing.**

Client Name_____ Date_____

| Medication/Vitamin Taken | Dosage | When Taken | Manufacturer | How Long Have You Taken This? | Reason for Medication | Recommended by Whom? |
|---|---|---|---|---|---|---|
| Effexor | 37.5 mg | 1 am<br>2 pm | Smith Kline | 4 years | Depression | Family MD<br>Dr. Curtis |
| Vitamin E | 200 mg | 1 daily | Solgar | 3 months | Tiredness | Hairdresser |
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*Thank you. We look forward to helping you get your life back!*