Medication Evaluation Worksheet

Our goal is to minimize exposure to medications and decrease drug-induced side effects and interactions.

Drug Name	Reason for Taking	Dosage	Frequency	side Effects Noted	Date Started	End Date?	Alternative Available?

For drug side effects/warnings/more—see the apps *epocrates* (Best); *Drugs.com*; *WebMD* Online @ MedShadow.org & MedStopper.com for info and help in cutting back on meds Notes:

Name_		
Date		
Рабе	of	

OTC Drug Evaluation Worksheet

Drug Name	Reason for Taking	Dosage	Frequency	Side Effects Noted	Date Started	End Date?	Alternative Available?	
Include only those OTC drugs used frequently or consistently, including: pain relievers (aspirin, Tylenol, Advil, Aleve); cold remedies/allergy relief (antihistamines)/decongestants; and stomach acid reducers (Pepcid, Tagamet, Zantac; Prevacid, Prilosec, Nexium) or other antacids, etc.								
	cts/warnings/mor dow.org & <u>MedSto</u>					2		

Vitamin/Mineral/Nutraceutical/Herb Worksheet

Nutraceutical or Herb	Reason for Taking	Dosage	Frequency	Side Effects Noted?	Date Started	End Date?	Beneficial or Seek Alternative?
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For the best info o Notes:	on nutraceuticals g	o to <u>Consun</u>	nerLab.com (sub	oscription required	l) or <u>Health</u> Nan		
		Date					

Jeffery J Horacek, O.D., C.N.C. JeffHoracek.com Page____ of ____