MCNERNEY & ASSOCIATES, P.A.
Physical Therapists

5024 Dorsey Hall Drive, Suite 103 Ellicott City, MD 21042 Phone: 410 740 -1047 Fax: 410 740-2280

Medication List

Patient Name _____ Date _____

(Include Prescriptions, Over-the-Counter, Vitamins, Supplements, etc.)

MEDICATION	DOSAGE	FREQUENCY	CONDITION (Reason for taking medication)

Are you Diabetic? Please Circle **YES** or **NO**

If YES, Circle **Type I** or **Type II**

Have you had more than 1 fall in the past year? Circle **YES** or **NO**

Do you have balance issues? Circle **YES** or