Moon 月
PHYSICAL THERAPY, LLC

Medical Information Sheet

Patient Name _____

Date Initial
Information Taken _____

Medication's Common Name:	Dosage (amount & times a day taken):	Taken to Treat:	Prescribed by:	Comments:[1]

[1] Under comments, please note any warning listed on medications, any RX changes ordered by physicians and date when ordered, date when any new medications were prescribed, and any known or reported non-compliance.