

**Integrative Health & Wellness  
Lewiston Family Chiropractic**

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Current Family Physician: \_\_\_\_\_

Current pharmacy/ pharmacist: \_\_\_\_\_

Please list any medications, vitamins or supplements that you are currently taking:

	Medication Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please list any known allergies and your reaction to them:

	Allergies	Reaction	Onset Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list supplements and naturals you are currently taking:

	Supplements	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____