FORT WAYNE INTEGRATIVE MEDICINE

FORT WAYNE PRIMARY CARE

Attention Patients

Please print and complete this form and bring it to your next Office Visit. If this is not possible, please arrive 30 minutes prior to your appointment to complete Patient Intake Forms.

Medication/Supplement List

Medication/Supplement Name	Medication/Supplement Brand (if known)	Dosing Per Serving (g, mg, mcg)	How Many Servings Daily (once, twice daily, etc.)