Chart Number _____

Athens Women's Clinic
817 Cook Drive
Athens, TN 37303
Phone: (423) 745-3394

Date _____ / _____ / _____

Patient Name _____ Date of Birth _____ / _____ / _____

Current Medication List

(please include all prescription medications, vitamins, and nutritional / herbal supplements)

Name of Medication	Dosage	How often the medication is taken	Reason for taking medication	Date medication was started	Prescribing Physician