first step physical therapy
900 Walt Whitman Road / Suite 310 / Melville, NY 11747
Phone: 631-923-2288 Fax: 631-714-6142 Email: info@1stStepPT.com

Name_____ Date_____

MEDICATION LIST

- Medicare requires that we collect a list of your current medications
- Please list your current prescription and over the counter medications, vitamin/ supplements
- Include dosage, frequency and Route (how it is taken) if other than by mouth.

Medication Name	**Dosage**	**Frequency**	**Route (if other than by mouth)**