

**PETER B. LEWIS AQUATIC & THERAPY CENTER
OUTPATIENT THERAPY SERVICES
CLIENT MEDICATION**

We need to keep a current record of the medications that you take. Please take a few minutes to check off any medications you currently take as well as list any we do not have on our checklist. We would also like to list any medications that cause an allergic reaction. Thank you for your time.

Name	√ if yes
Aleve	
Amaryl	
Anaprox	
Antibiotic	
Arthrotec	
Aspirin	
Atrovent	
Aventyl	
Baclofen	
Birth Control: Name:	
Blood Pressure: Name:	
Caclcium	
Cardizem	
Catapres	
Celebrex	
Clonopin	
Codiene	
Darvocet	
Darvon	
Decadron	
Demerol	
Depakene	
Depakote	
Dexedrine	
Diabeta	
Dilantin	
Elavil	
Estrogen	
Feldene	
Ibuprofen	
Inhaler	
Insulin	
Klonpin	
Lidocaine	

Name	√ if yes
Lorinal	
Magnesium	
Medrol Dose Pack	
Meridia	
Morphine	
Motrin	
Muscle Relaxant	
Naprosyn	
Norvasc	
OxyContin	
Paxil	
Percocet	
Plaquenil	
Presnisone	
Premarin	
Prevecid	
Prilosec	
Provera	
Re;afen	
Ritalin	
Sarafem	
Sinequan	
Steriods	
Synthroid	
Tamoxifin	
Tegretol	
Therapen	
Tofranil	
Tylenol	
Verapamil	
Vicodin	
Vioxx	
Zanaflex	
Zoloft	
Zyrtec	

Other Medications: _____

Allergic to: _____