



SUMMARY LIST

Patient name _____

MR# _____

Program: Christian Health Care Counseling Center Pathways Ramapo Ridge Partial Program

Height _____ Weight _____ Pregnancy/Lactation Status _____

Allergic reactions and sensitivities (include medications, foods, latex, and allergies) _____

Non-Prescriptions Medications vitamins, herbal products, dietary supplements, alternative/ complimentary medications and treatments _____

Prescription Medications list all current medications and dosages (psychotropic/non-psychotropic) _____

MD signature _____

Date _____

Time _____

