Paulette Sears Counseling, LLC
927A S. 8th Street, Ste. 300
Manitowoc, WI 54220
920-682-4804 FAX: 920-684-1110

MEDICATION HISTORY

Client Name: _____ Intake Date _____

qd each day	**qhs** each evening
bid 2 X a day	**qam** each morning
tid 3 X a day	**prn** as needed
qid 4 X a day	

Medication	Date Began	Date Ended	Clinic	Prescribing Physician/Psychiatrist