## **MEDICATION QUESTIONAIRE**

Client's Name:		Sex M F	DOB	
Height:	Weight:	Smoker?	Y N	State
Plan of Insurance Desired?		Face Amount		
PLEASE LIST AI	LL OF THE PRESCRIPTION	MEDICATIONS Y	OU ARE CI	URRENTLY TAKING.
For each medicatio	n that you are taking, we need to	know:		
<ul><li>2) How long have y medication for th</li><li>3) Reason for takin</li><li>4) Name of medica</li><li>5) How long do fee</li><li>6) How has the medica</li></ul>	rug taken and how many times a dyou been taking this specific mednis same medical condition? g this specific medication? tion (generic and/or brand name) by you will have to take this medication affected you, has it stability question above for each medicate.	lication and did you p ) ? cation (lifetime) ? llized or improved yo	our medical c	