For Participant Use Only at First Session

List of Medications and Supplements

Name/Identifier: _____ Date: _____

Please list the medications you are taking, including vitamins, supplements, and herbals. Keep a copy for yourself as a reference and bring a copy with you when you see your doctor or pharmacist to determine if any of your medications increases your risk for a fracture or bone loss. Note: Peer Leaders are not healthcare professionals and cannot give advice on medications and supplement use. Please talk to your doctor or pharmacist.

Medication:	**Dosage:**	**Reason for Taking:**