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Medication and Supplements

Name of Medication	Date Began Taking It	Dosage (in mg., etc.)	Condition it was prescribed for	Taken what time of day? With or without food?

(continue on back, if necessary)

Supplement	Source And dosage (in mg, mcg or IU)	2 nd Source (if taking more than one) And dose (mg, IU, mcg)	Total mg, IUs or mcg	Taken what time of day? With or without food? What form of the vit or mineral (eg. magnesium citrate for magnesium)?
Vitamin A				
Vitamin A (Beta Carotene)				
Vitamin C				
Vitamin D				
Vitamin E				
Thiamin				
Riboflavin				
Vitamin K				
Vitamin B6				
Folic Acid				
Vitamin B12				
Biotin				
Pantothenic Acid				
Calcium				
Magnesium				
Zinc				
Copper				
Manganese				
Chromium				
Potassium				
Selenium				
Phosphorous				

PABA				
Molybdenum				
Iron				
Inosital				
Alanine				
Argenine				
Aspartic Acid				
Cystine				
Glutamine				
Glycine				
Histadine				
Isoleucine				
Lysine				
Leucine				
Methionine				
Phenylalanine				
Proline				
Serine				
Threonine				
Tryptophan				
Tyrosine				
Bioflavinoids				
Choline				
Valine				
Iodine				
Hesperidene Complex				
Flax Seed Oil				
Fish Oil				
Evening Primrose Oil				
St. John's Wort				
Glucosamine				
Other:				

	Source 1	Source 2	Total Amount
Protein			
Fiber			
Other			