

Vitamins, Minerals, Herbs and Other Supplements

Name: _____

Last Updated: _____

| Name & Strength | Dose | X per Day | Take with: <i>(specify type of food or drink)</i> | Date Started | Date Stopped & Reason |
|-----------------|------|-----------|--|--------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |