## **Over-the-counter Medicines**

Your health care team needs to know **all** of the medicines you take. This includes over-the-counter medicines, herbals, vitamins or other supplements.

Check the boxes of all medicines you are taking\*.





□ pain, headache, fever



vitamins or supplements





herbals



□ eye drops



**□** creams or

lotions



patches (such as for stopping smoking, or pain relief)



□ cold medicine

□ antacids



□ allergy



medicine

□ cough

upset stomach



□ laxatives



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□ sleeping pills



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□ diet pills



nasal spray or neti pot

□ others: \_\_\_\_\_



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