M.N. SHAMSI PC
CENTER
PSYCHIATRY & COUNSELING

Name: _____ Phone Number: _____

Primary Care Doctor: _____ Office Phone Number: _____

Pharmacy: _____ Phone Number: _____

List all prescriptions, over the counter medications, vitamins, herbs, dietary supplements, oxygen, inhalers, and homeopathic medicines.

Medication	As needed (PRN)	Once a Day (QD)	Twice a day (BID)	3 times a day (TID)	4 times a day (QID)	OTHER