## Back to Health Family Chiropractic

Instruction: Fill in Your Name and Name of all Drugs and Vitamins/Supplements you take. Hand in Name:

For Office Use Only (italic categories) Ordered NAME OF DRUG DEPLETES/INTERFERES WITH COSTYes No **SUPPLEMENTS/VITAMINS** Helpful Somewhat Not at all **Patient Notes/Comments** For Office Use Only: Notes: Physician's Signature/DATE