

# ***Adult ADHD and Anxiety Clinic***

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## **List ALL medical conditions (including surgical procedures)**

<b>Name</b>	<b>Date</b>

## **List ALL allergies (including foods)**

<b>Name</b>	<b>Reaction</b>

## **List ALL current medications and supplements (including Over The Counter)**

<b>Name</b>	<b>Dosage</b>	<b>How often</b>	<b>Start Date</b>

Client Signature \_\_\_\_\_ Date \_\_\_\_\_