

**Blue Water Therapy**

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**Medication List**

<u>Medication</u>	<u>Dosage</u>	<u>Route</u>	<u>Frequency</u>	<u>Start Date</u>

\_\_\_\_\_ I am on no medications at this time. **(Please check if on no medications)**

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_