

Medication Attunement Client Application Form

Name _____ DOB _____ Date _____

Please list below all medications, by their generic names rather than trade name, you can recollect, or obtain with a reasonable amount of research, having taken or having been administered throughout your entire lifetime. Please consult relevant medical facilities and other medical records to enhance completeness. Please list the **complete generic name** (e.g. Ethinylestradiol/etonogestrel for NuvaRing). Please also list **over-the-counter** medications as well. We offer you the following categories to help you in recalling past or current medicines as well as to assist your practitioner. Thank you.

Antimicrobial (e.g. antibiotics, antivirals)

Antineoplastic (e.g. chemotherapy)

Cardiovascular (e.g. cholesterol lowering, high blood pressure, heart meds)

Total Body Modification

Contraceptive & Abortifacient (e.g. birth control, "morning after," medical abortion)

Dermatologic & Cosmetic (e.g. Botox, acid peels, acne, fillers, hair growth)

Diabetic (e.g. insulins, pancreas stimulators, insulin sensitizers)

Endocrinological (e.g. hormones, puberty blockers)

Total Body Modification

Gastrointestinal (e.g. acid blockers, laxatives)

Pain Management (e.g. pain killers, NSAIDs, anesthetics)

Psychotropic (e.g. anti-anxiety, antidepressants, antipsychotics)

Respiratory (e.g. cough suppressants, inhalers)

Total Body Modification

Vaccines/Inoculations (e.g. childhood vaccines, "flu shots," COVID)

Other (e.g. anticonvulsants, stimulants, anti-obesity)

Recreational (e.g. Exstasy, Magic Mushrooms, cannabis, LSD) *NOTE: may be shared orally during consultation.*

TBM

Total Body Modification