



ASSOCIATES IN COUNSELING & TREATMENT, PC

2110 South 38th Street, Lincoln, NE 68506

CLIENT MEDICAL PROFILE

ACT does not manage your medication, but we are required to keep updated records of your medication taken while you are receiving our counseling services. Please list all of the medications that you are currently taking. Please include all Herbal and Home remedies you may also be taking. **PLEASE COMPLETE ALL SECTIONS!**

Client name:				
Person (if other than the client) completing this form:				
Medication Name	Dosage	How often?	Reason Used	Prescribing Physician and date prescribed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please list any Major/Chronic medical conditions:

Allergies (list medications, food, and substances you are allergic to and the reaction):

HEIGHT: _____ **WEIGHT:** _____

PRIMARY PHYSICIAN NAME & PHONE NUMBER: _____

Client (Parent/Guardian if minor)

Date

Counselor/ACT

Date

Approved 2012	Updated March 2014			
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