

Charlotte Therapy Associates
Diane Yee, MS, LPC
5200 Park Rd, Suite 219
Charlotte, NC 28209
MEDICATION/PHYSICIAN SUMMARY

Client Name: _____ **Date:** _____

Please list any current medications (use reverse if needed):

| | | |
|-------|---------------------|-------------------------|
| _____ | dosage _____ | start date _____ |
| _____ | dosage _____ | start date _____ |
| _____ | dosage _____ | start date _____ |
| _____ | dosage _____ | start date _____ |

Primary Care Physician:

Signature for Consent _____ Date _____

Other specialists:

Specialist: _____

Signature for consent _____ Date _____

Specialist: _____

Signature for consent _____ Date _____

Specialist: _____

Signature for consent _____ Date _____