

Herb Control Record

Patient Name _____ **DOB** _____

Allergies _____

Rx Medications _____

| Herb Information | Date | Changes | Patient Response | Initials |
|--|-------------|----------------|-------------------------|-----------------|
| Name _____ | | | | |
| | | | | |
| Condition _____ | | | | |
| | | | | |
| Preparation _____ | | | | |
| | | | | |
| Administration _____ | | | | |
| | | | | |
| <input type="checkbox"/> Written instructions given to patient | | | | |
| | | | | |

| Herb Information | Date | Changes | Patient Response | Initials |
|--|-------------|----------------|-------------------------|-----------------|
| Name _____ | | | | |
| | | | | |
| Condition _____ | | | | |
| | | | | |
| Preparation _____ | | | | |
| | | | | |
| Administration _____ | | | | |
| | | | | |
| <input type="checkbox"/> Written instructions given to patient | | | | |
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