HSDC
Hearing, Speech & Deaf Center

Artz Communication Center
1625 19th Ave Seattle, WA 98122
206.323.5770 www.hsdc.org

Medications List

Name: _____ Date of Birth: _____

Medications current as of: _____ _____ _____

_____ _____ _____

Please list all medications and dosages that you are currently taking. This information is confidential and will be kept in your client file. Should you need to make any changes to the form, you are welcome to do so in-person or over the phone at 206.323.5770.

This list must be reviewed at each diagnostic hearing test.

MEDICATION NAME	DOSAGES