



Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

CURRENT MEDICATION LIST

Please provide the following information: list all current medications that you are taking, including prescribed and over-the-counter medications, the dosage, the prescribing provider and contact information, and the reason for taking the medication.

Name of Medication	Dosage	Prescribing Provider & Contact Information	Reason for Taking the Medication

Name _____ License number _____ Date _____