



Demetricia C. Patterson Foundation

Non-Profit Assistance Drug Program for Senior Citizens

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Medications & Health Conditions

Please list all medications that you are taking:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Please check and describe your health conditions:

- Heart Describe: _____

- Cancer Describe: _____

- Diabetes Describe: _____

- High Blood Pressure Describe: _____

- HIV/AIDS Describe: _____

- Other Describe: _____

- Other Describe: _____

- Other Describe: _____
