FIELD MANUAL / TEMPLATE 04

Medication & Treatment History

Track every medication, dosage, prescriber, and outcome.

Why this matters

A complete medication history establishes **chronicity** (how long you've been treated), **severity** (the strength of medications you've needed), and **functional impact** (side effects that affect daily life). Bring this to your C&P; exam and to any VSO or attorney meeting.

Veteran name: _____ Date prepared: _____

Current Medications

Medication & Dose	For (condition)	Prescriber	Started	Refilled at	Side effects

Past Medications (discontinued)

Medication & Dose	For (condition)	Prescriber	Date range	Why stopped

Non-medication Treatments

Physical therapy, surgeries, injections, mental health counseling, chiropractic, acupuncture, devices (CPAP, braces, hearing aids), etc.

Treatment / Procedure	For (condition)	Provider / Facility	Date(s)	Outcome / notes

Additional notes

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