



# 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

(if more than five medications, use the back of this form)

Name of Medication	Dosage	Prescribing Provider & Contact Information	Reason for Taking the Medication	ASBN STAFF ONLY	
				A	N

Are you diabetic                      Yes                      No

Have you been treated by a psychiatrist, psychologist, or licensed social worker in the last 2 years?                      Yes                      No  
*(If yes, explain on the back of this sheet)*

### Primary Care Physician

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Pharmacy

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Licensee signature \_\_\_\_\_ Date \_\_\_\_\_

### Information below to be filled out by ASBN staff only

Medication Form Reviewed by ASBN Nurse:

Name \_\_\_\_\_ Date \_\_\_\_\_

Needs Long Term Waiver                      Yes                      No