Supplement Questionnaire

(Please print)

Patient Name: _____

Date: _____

Supplement	Dose	Brand	Frequency	Duration
☐ B vitamin complex				
☐ β - carotene				
☐ Calcium				
☐ Chondroitin				
☐ Copper				
☐ Dong Quai				
☐ Echinacea				
☐ Fish oil (DHA or EPA)				
☐ Omega 3, 6, 9				
☐ Cod Liver oil				
☐ Flaxseed (ground)				
☐ Flaxseed (unground)				
☐ Flaxseed oil				
☐ Folic Acid (Folate)				
☐ Garlic				
☐ Ginko				
☐ Glucosamine				
☐ Goldenseal				
☐ Green tea				
☐ Iron				
☐ Kava				
☐ Lycopene				
☐ Magnesium				
☐ Multivitamin/multimineral				

(Continued on reverse)

Supplement	Dose	Brand	Frequency	Duration
☐ Selenium				
☐ St. John's wort				
☐ Valerian root				
☐ Vitamin B6				
☐ Vitamin B12 (oral or injection)				
☐ Vitamin C				
☐ Vitamin D				
☐ Vitalux (for eye health)				
☐ Zinc				
☐ Other(s): _____				
☐ _____				
☐ _____				
☐ _____				
☐ _____				

Dr. Fritz is committed to providing his patients with evidence-based care. In doing so, there may be research questions that he would like to answer using data collected during your visit to improve future patient care. Please know that in using such information your personal identity would not be revealed.

☐ Please check this box if you **DO NOT** want your information included in a future research study. Your decision will in no way impact the care you receive.