



Elite Health and Wellness Center

Allergy, Medication and Supplement List

Allergies: _____

Medications: _____

Environmental: _____

Food: _____

Other: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

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This is to inform you, that Lois Cassle is an Autonomous APRN which means we are able to practice without any type of physician supervision, we are required to notify our patients that we are registered to practice autonomously, and autonomous APRNs are required to provide new patients with written information about their qualifications and the nature of autonomous practice. Lois Cassle MSN APRN FNP-C is an Autonomous Board Certified Family Nurse Practitioner. Please Initial: _____