DIETARY SUPPLEMENT INTAKE FORM

Your orthopaedic surgeon needs the following information about your usual dietary supplement usage. Please complete all sections completely and accurately. Many supplements may cause negative drug interaction effects. *The patient and physician should carefully review checked items in light of prescribed medications and/or planned procedures*

NAME:_____ AGE:_____ DATE:_____

What specific supplement(s) do you take, amount you take, how often and the primary reason for taking it?

Supplement	Amount/Dose	Number of Doses (per day or week)	Primary Reason for Taking
Aloe			
Amino acid(s)			
Black cohosh			
Bee pollen			
Calcium			
Cat's claw			
Chondroitin			
Chromium			
Coenzyme Q10			
Creatine			
Dong quai [1]			
Echinacea			
Evening primrose oil			
Feverfew			
Fiber			
Fish oil/DHA			
Folic acid			
Garlic [1]			
Ginger [1, 2, 4]			
Ginko biloba [1]			
Ginseng [1, 3, 4]			
Goldenseal [4]			
Grapeseed extract			
Iron			
Kava kava [2]			
Licorice [3, 4]			
Milk thistle			
Multiple vitamin/Mineral			
Peppermint			
Pyruvate			
St. John's wort [1, 2, 5]			
Saw palmetto			
SAM-e			
Valerian [2]			
Vitamin B complex			
Vitamin C			
Vitamin D			
Vitamin E			
Other			

1: possible interactions with anticoagulants
2: possible interactions with barbiturates
3: possible interactions with corticosteroids
4: possible interactions with anti-hypertensives
5: contra-indicated for organ transplant recipients, antiviral therapy