Name: _____ Date: _____

Medication

1. Antibiotics
2. Analgesics
3. Anti-histamines
4. Antacids
5. Anti-coagulants
6. Psychotropic medicine
7. Diuretics
8. Laxatives
9. Hormones
10. Cytotoxic medicines

A. Anti-allergy medication
B. Mood effecting medication
C. Treat Fluid retention
D. Constipation
E. Pain killers
F. Heart burn, indegestion
G. Blood thining medication
H. Cancer fighting medication
I. Fights Infections
J. HRT