Patient Name: ____

MEDICATION ALLERGIES

Medication Allergies	Reaction (what happened to you)

MEDICATION LIST

In order to properly direct your care, it is necessary that we know the name and dosage of all medications (include aspirin, antacids, vitamins, hormone replacement, birth control, herbal supplements, over-the-counter nasal sprays/cold/sinus/allergy medications). Please list them below, each on a separate line.

MEDICATION/DOSAGE/FREQUENCY	Date Reviewed	Date Reviewed	Date Reviewed	Date Reviewed	Date Reviewed