

My Medication & Allergy List

| | | | |
|-------------------|-------|--------------|-------|
| Medication | _____ | | |
| Dosage | _____ | | |
| Prescribed By | _____ | | |
| Date Started | _____ | Date Stopped | _____ |
| Reason for Taking | _____ | | |

| | | | |
|-------------------|-------|--------------|-------|
| Medication | _____ | | |
| Dosage | _____ | | |
| Prescribed By | _____ | | |
| Date Started | _____ | Date Stopped | _____ |
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| | | | |
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MY ALLERGIES

Are you allergic to latex? Yes No

Are you allergic to any medication(s)? Yes No

If yes, list the medication(s) you're allergic to, and the allergic reaction(s) you've had.

| Medication | Allergic Reaction |
|------------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are you allergic to any food(s)? Yes No

If yes, list the food(s) you're allergic to.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |