

MY LIST OF MEDICATIONS & DRUG ALLERGIES

	Medical Record #:		
Patient Name:	Date:		
Preferred Pharmacy:			
Pharmacy Address or Crossroads:			
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Current Medications: This list includes all prescribed medications, over-the-counter medications, vitamins and other supplements (herbal or non-traditional).

Medication Name	Dose (i.e. 100 mg)	Times / Day	Date Updated	Medication is Taken (oral, injections, topical, etc.)

Drug Allergies: This list includes all known drug allergies and type of reaction.

No known drug allergies.

Medication Name	Type of Reaction	Medication Name	Type of Reaction