

## **Medication/Allergy List**

Welcome to our office. Please list all your current medications on the lines below. Be sure to include medication name, dose amount and how often each medication is taken. Also, be sure to list any over the counter medications (vitamins, minerals, aspirin, etc.) you take either on a daily or as needed basis. We also need to know what medications/non-medications that you are allergic to and the reaction(s). Please inform us upon each visit of any medication change(s).

Drug Name	Dose (mg, mL)	Frequency
Drug Allergies		Reaction(s)