

CURRENT MEDICATIONS FORM

Patient Name: _____

Date of Birth: _____

Current Medications

We encourage you to bring your medications to the office with you so that we can review your medications and enter them into the medical record. Or, if you prefer, bring in a list of your medications, or complete this form ahead of time, and hand it to your medical assistant when you arrive for your office visit.

I take no medications

| <i>Medication Name</i> | <i>Dose</i> | <i>Frequency</i> | <i>Reason</i> |
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Medication Allergies

I have no known medication allergies

| <i>Medication Name</i> | <i>What was the reaction?</i> | <i>How long ago did this happen?</i> |
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