

MY LIST OF MEDICATIONS & DRUG ALLERGIES

	Medical Record #:				
Patient Name:					Date:
Preferred Pharmacy:					
Pharmacy Address o	or Crossroads:				
Current Medications					ver-the-counter (herbal or non-
Medication Name	Dose (i.e. 100 mg)	Times	s / Day	Date Updated	Medication is Taken (oral, injections, topical, etc.)
Drug Allergies: This	s list includes al	l known d	drug allerg	ies and type o	f reaction.
No known drug a	allergies.				
Medication Name	Type of Reaction		Medication Name		Type of Reaction