

Medication List

Patient Name: _____ Date of birth: ___/___/___

Do you currently take Coumadin? (Circle one) Yes No

If yes, include dosage and start date: _____

Allergies to Medications	
Use the chart below to list all medications, both prescription and nonprescription, that you are allergic to.	
Medication Name	Type of reaction, such as rash or difficulty breathing.

Prescription Medications				
Use the chart below to list all medications you currently take. Be sure to fill in all the information for each medication.				
Medication Name	Prescribing Doctor	Reason for taking the medication	Dose	How often

Nonprescription Medications, Vitamins, and Supplements				

Print additional pages if needed.