

# MEDICATION LIST

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**Active Medications**  
(including non prescription)

**Dose**

**Prescribing Physician**

- |           |       |       |
|-----------|-------|-------|
| 1. _____  | _____ | _____ |
| 2. _____  | _____ | _____ |
| 3. _____  | _____ | _____ |
| 4. _____  | _____ | _____ |
| 5. _____  | _____ | _____ |
| 6. _____  | _____ | _____ |
| 7. _____  | _____ | _____ |
| 8. _____  | _____ | _____ |
| 9. _____  | _____ | _____ |
| 10. _____ | _____ | _____ |
| 11. _____ | _____ | _____ |
| 12. _____ | _____ | _____ |
| 13. _____ | _____ | _____ |
| 14. _____ | _____ | _____ |

**Medication Allergies**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Updated:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_