



ALLERGY AND MEDICATION LISTS

NAME: _____ **DATE OF BIRTH:** _____

ALLERGY LIST

An allergy is a skin rash, hives, joint pain or swelling, or fever after exposure to a desensitizing agent.

Do you have any allergies? ___ YES ___ NO Have you undergone allergy tests? ___ YES ___ NO

List items to which you are allergic and indicate reaction:

MEDICATION ALLERGY

NAME OF MEDICATION	REACTION

FOOD / SEASONAL / OTHER ALLERGY

ALLERGY FACTOR	REACTION

MEDICATION LIST

Do you take any medicine frequently? ___ YES ___ NO

Please indicate name, strength, frequency, and reason.

NAME OF MEDICATION	STRENGTH	FREQUENCY	REASON

Patient's Signature : _____

Date: _____