

MIDWEST SURGICAL ASSOCIATES, P.A.

Current Medication List and Allergy Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list ALL medication and vitamin supplements you are currently taking.

**Check Here if NO medication/supplements taken** \_\_\_\_\_

Medication / Supplement Name	Dosage	How Often? (Once, twice daily, etc.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Drug/Latex Allergies:** **Check Here if NO Allergies** \_\_\_\_\_

Allergy to:	Reaction:
_____	_____
_____	_____
_____	_____