## Legacy Pain Associates

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

PATIENT NAME:	DATE OF BIRTH:
Allergies	□ Latex □ Tape □ Seasonal
□ Food: □ Medication	
Drug:	Reaction:
Drug:	
Drug:	
Drug:	
_	
Drug:	Reaction:
Pain Medications (indicate	dosage)
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
_	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
Davis	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
Drug	□ As needed □ Other:
Diug	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
Drug:	□ As needed □ Other: □ Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
2.ug	□ As needed □ Other:
Other Medications including	Baby Asprin (indicate dosage)
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
_	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
_	□ As needed □ Other:
Drug:	Dosage: □ 1/day □ 2/day □ 3/day □ 4/day □ 5/day □ 6/day
Davies	□ As needed □ Other:
Diug:	Dosage:   1/day  2/day  3/day  4/day  5/day  6/day
Drug:	□ As needed □ Other: 5/day □ 5/day □ 6/day
	□ As needed □ Other: