

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

Allergies

- NKDA (no known drug allergies) Latex Tape Seasonal
- Food: _____
- Medication
 - Drug: _____ Reaction: _____
 - Drug: _____ Reaction: _____
 - Drug: _____ Reaction: _____
 - Drug: _____ Reaction: _____
 - 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
 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: _____

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
 As needed Other: _____
- Drug: _____ Dosage: 1/day 2/day 3/day 4/day 5/day 6/day
 As needed Other: _____