MEDICATION LIST

DERMATOLOGY MEDICATIONS	DOSE	FREQUENCY	REASON USED	DURATION
BLOOD THINNERS - PRESCRIPTION & NON-PRESCRIPTION	DOSE	FREQUENCY	REASON USED	
OTHER PRESCRIPTION MEDS	DOSE	FREQUENCY	REASON USED	DURATION

OVER THE COUNTER MEDS/SUPPLEMENTS/HERBALS/HOLISTIC/OTHERS:

SHINGLE Y/N YEAR SHINGLES VACCINE Y/N TYPE YEAR SHINGRIX ADVISED Y/N COUNSELED Y/N

ALLERGIES / MEDICATION INTOLERANCE & REACTIONS THEY CAUSE:

ALCOHOL YES/NO AMOUNT?/FREQUENCY? TOBACCO YES/NO AMOUNT & DURATION?

STAFF: INITIAL& DATE

PHYSICIAN: INITIAL& DATE

PATIENT: DOB DATE