

Atlantic Dermatology Medication List

PRESCRIPTION MEDS INCLUDING DERMATOLOGY MEDICINES:				
MEDICATION	DOSAGE	FREQUENCY	REASON TAKEN	DURATION

OVER THE COUNTER MEDICATIONS / VITAMINS / SUPPLEMENTS / HERBALS / HOLISTIC / OTHERS				
PRODUCT	DOSAGE	FREQUENCY	REASON TAKEN	DURATION

ALLERGIES / MEDICATION INTOLERANCE AND REACTIONS THEY CAUSE:

VIT D YES / NO HOW MUCH _____ BROCHURE / COUNSELING DATE _____

ALCOHOL YES / NO HOW MUCH AND HOW OFTEN _____

IF OVER 65 YEARS: PNEUMOVAX Y/N DATE _____ 60 YEARS OLD: SHINGLES Y/N DATE _____ SHINGLES VACCINE Y/N DATE _____

STAFF - INITIAL DATE REVIEWED:

PHYSICIAN INITIALS:

PATIENT: _____ DOB: _____ DATE: _____