MEDICATION INFORMATION

ALL PATIENTS: ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY):

☐ NONE

☐ ANTIBIOTICS/SULFA DRUGS
☐ ANTIHISTAMINES/ALLERGY
☐ DAILY ASPIRIN
☐ BLOOD PRESSURE MEDICATIONS
☐ BLOOD THINNERS
☐ CANCER/CHEMO MEDICATIONS
☐ CORTISONE/STEROIDS
☐ HEART MEDICATION/DIGITALIS
☐ INSULIN
☐ NITROGLYCERIN
☐ ORAL CONTRACEPTIVES
☐ OSTEOPOROSIS MEDICATIONS
☐ OTHER DIABETIC MEDICATIONS
☐ RECREATIONAL DRUGS
☐ THYROID MEDICATIONS
☐ TRANQUILIZERS
☐ OTHER (PLEASE LIST BELOW)

DRUG NAME	DOSAGE	REASON PRESCRIBED