LIST OF CURRENT MEDICINES: **List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).**

Name	Date of Birth	Sex (select one)	Height	Weight
		Male Female		

Address	Phone Number(s)	Emergency Contact
	Home:	Name:
	Work:	Relation:
	Mobile:	Phone:

Allergies and Reactions (please describe what happened when you took the medicine)		

Doctor / Dentist / Other Prescriber's Name	Phone Number	Type of Practitioner / Reason for Seeing

Pharmacy Name	Phone Number	Location

Additional Information / Comments

Vaccines (Date of Last Dose)
Flu:
Tetanus, diphtheria, pertussis:
Pneumonia:
Zoster (Shingles):
Hepatitis B:
Other: