



Medication and allergy list

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Include prescriptions, over-the-counter medicines, vitamins, supplements, and injections.

Patient name

Date of birth

Medical record no. (office use)

ALLERGIES AND REACTIONS

Medication, food, latex, adhesive, or other allergy and the reaction

No known medication allergies

CURRENT MEDICATIONS

Medication / supplement	Dose	How often	Last dose	Reason

MEDICINES THAT NEED SPECIFIC PRE-OP REVIEW

Blood thinner / antiplatelet

GLP-1 / weight-loss medicine

Opioid or chronic pain medicine

Insulin or diabetes medicine

Steroid

Herbal supplement