

CURRENT MEDICATIONS			ALLERGIES TO MEDICINES	
NAME OF MEDICINE	DOSE IN MG.	# TIMES PER DAY	NAME OF ALLERGIC MEDICINE	TYPE OF ALLERGIC REACTION
			OTHER ALLERGIES?	
			LATEX? IODINE? TAPE?	
NON-PRESCRIPTION MEDICINES				
			CURRENT SMOKER or tobacco user?	
			FORMER SMOKER?	
			NEVER SMOKED?	
			HANDOUT GIVEN (office use only)	
PRINT NAME				
SIGNATURE				
HEIGHT				
WEIGHT				
BP				
PULSE				
O2 SAT				