



One Corporate Center at Horseshoe Pond
 60 Commercial Street, Suite 301
 Concord, NH 03301
 Phone: (603) 415-9460
 Fax: (603) 415-9465

Patient Label

MEDICATION AND ALLERGY LIST

Patient Name: _____ DOB: _____

Please list the medications you are taking, including over-the-counter medications & herbal supplements.

Name of Medication	Dosage / Strength	Time Taken	Reason for Taking
<i>Example:</i> Aspirin	(1 Tablet) 325mg	8:00am	For Heart

(Please use the back side of this form if you need more space for requested information.)

Please list all Known Allergies & Reactions including Medications, Food, or other:

Allergy

Reaction

Name of Pharmacy you use: _____ Phone #: _____

Name of Primary Care Physician: _____ Phone #: _____

Patient Signature: _____ Date: _____

Signature if other than patient: _____ Date: _____

Relationship to patient: _____

