## **GILL FAMILY MEDICINE**

## Medication and Allergy List

| Name:                           |                                | Date of Birth:               |                              |
|---------------------------------|--------------------------------|------------------------------|------------------------------|
| Current Medications:            |                                |                              |                              |
| Name of Medication              | Medication Strength            | Daily Frequency              | Reason for taking Medication |
|                                 |                                |                              |                              |
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| *                               |                                |                              |                              |
| Allergies (list all known aller | gies including medications, fo | ood, latex, stinging insects | s, seasonal, etc.):          |
| Allergy                         |                                | Reaction                     |                              |
|                                 |                                |                              |                              |
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|                                 |                                | Dete                         |                              |
| Patient Signature               |                                | Date                         |                              |