Patient Medication Log

Patient Name: _____ Date of Birth:_____

Primary Care Physician: _____ Physician's Phone: _____

Pharmacy:_____ Pharmacy Phone: _____

Allergies to Medications

☐ Penicillin (PCN) ☐ Sulfa ☐ Barbiturates ☐ Insulin ☐ Iodine or Contrast Dyes ☐ Aspirin, Ibuprofen & Naproxen ☐ Novocain, Lidocaine, Epinephrine ☐ General Anesthesia ☐ Anti-Seizure Medications ☐ Pain Medication (codeine, vicodin, celebrex, vioxx, lortab, etc.) ☐ Other: _____

Current Prescription Medication Regiment

Medication	Dosage	Frequency	Begin Date	End Date	Special Notes

Current Non-Prescription Medication or Supplement Regiment

Medication	Dosage	Frequency	Begin Date	End Date	Special Notes