

Print in Color or Grayscale Only

Using Adobe Acrobat Reader 8.0 or later

Current Medications

Please list all medications.

Include prescribed and over-the-counter.



STAFF: Handwritten responses must be entered **MANUALLY**.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth

Month Day Year

PREFERRED PHARMACY

Name: _____

Address: _____ Phone: _____

Please list all medications you are currently taking:

ANTIDEPRESSANT

- Lexapro® (escitalopram)
- Effexor® (venlafaxine)
- Cymbalta® (duloxetine)
- Pristiq® (desvenlafaxine)
- Prozac® (fluoxetine)
- Paxil® (paroxetine)
- Celexa® (citalopram)
- Wellbutrin® (bupropion)
- Zoloft® (sertraline)

BLOOD THINNERS

- Aspirin
- Coumadin® (warfarin)
- Plavix® (clopidogrel)
- Ticlid® (ticlopidine)
- Aggrastat® (tirofiban)
- Integrilin® (eptifibatide)

CARDIAC / HYPERTENSION

- Toprol
- Lisinopril
- Cozaar® (losartan)
- Diovan® (valsartan)
- Diltiazem
- Nifedipine
- Verapamil
- Norvasc® (amlodipine)
- Dyazide® (hydrochlorothiazide)
- Inderal® (propranolol)
- Tenormin® (atenolol)
- Lopressor® (metoprolol)
- Coreg® (carvedilol)
- Capoten® (captopril)

ANTI-INFLAMMATORY

- Celebrex®
- Acetaminophen (Tylenol®)
- Ibuprofen
- Naproxen (Aleve®)
- Meloxicam® (Mobic)
- Prednisone:**
currently taking
taken in the past

ANTI-ULCER

- Protonix®
- Pantoprazole
- Nexium®
- Esomeprazole
- Prevacid®
- Lansoprazole
- Dexilant
- Prilosec®
- Zegerid
- Omeprazole
- AcipHex® (rabeprazole)
- Dexlansoprazole
- Carafate® (sucralfate)

CHOLESTEROL LOWERING

- Zetia®
- Zocor® (simvastatin)
- Crestor® (rosuvastatin)
- Mevacor® (lovastatin)
- Niaspan® (niacin)
- Gemfibrozil
- Lipitor® (atorvastatin)

PAIN MEDICATIONS

- Fentanyl
- Hydrocodone
- Lyrica®
- MS Contin
- Neurontin®
- Oxycodone
- OxyContin®
- Percocet®
- Tylenol #3®
- Vicodin®
- Vistaril®
- Zanaflex®

OSTEOPOROSIS TREATMENT

- Actonel®
- Fosamax®
- Boniva®

ALLERGY / ASTHMA

- Zyrtec® (cetirizine)
- Claritin® (loratadine)
- Singulair® (montelukast)
- Allegra® (fexofenadine)
- Albuterol Inhaler
- Asthma-Steroid Inhaler (please specify): _____

DIABETES

- Precose® (acarbose)
- Glucagon
- DiaBeta®
- Glynase®
- Glucophage® (metformin)
- Glucotrol® (glipizide)
- Micronase® (glyburide)
- Avandia® (rosiglitazone)
- Insulin Injections (please specify): _____

PLEASE LIST ALL OTHER MEDICATIONS YOU ARE TAKING AND ANY HERBAL/SUPPLEMENTS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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