

PATIENT MEDICATION/ALLERGY INVENTORY LIST

Fill out this form; bring to any appointments that need a record of medication inventory.
Keep this information updated and available for your healthcare professionals review.

PATIENT NAME _____

DATE _____

| Rx PRESCRIPTION MEDICATIONS | | | | |
|-----------------------------|------------|---------------|--------|------------|
| START DATE | MEDICATION | PRESCRIBED BY | DOSAGE | DIRECTIONS |
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Any allergies:

Describe allergic reaction:

NON-PRESCRIPTION (OVER-THE-COUNTER) DRUGS

- | | | | | | |
|---------------------------------------|--|---|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Advil | <input type="checkbox"/> Claritin 12hr | <input type="checkbox"/> Excedrin PM | <input type="checkbox"/> Prilosec | <input type="checkbox"/> Tums | <input type="checkbox"/> Zzzquill |
| <input type="checkbox"/> Alieve | <input type="checkbox"/> Claritin 24hr | <input type="checkbox"/> Flonase | <input type="checkbox"/> Pepsid | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Allegra D-12 | <input type="checkbox"/> Colace | <input type="checkbox"/> Ibuprofen (Motrin) | <input type="checkbox"/> Senokot | <input type="checkbox"/> Tylenol PM | |
| <input type="checkbox"/> Allegra D-24 | <input type="checkbox"/> Ducolax | <input type="checkbox"/> NyQuill | <input type="checkbox"/> Surfak | <input type="checkbox"/> Unisom | |
| <input type="checkbox"/> Baby Aspirin | <input type="checkbox"/> Dramamine | <input type="checkbox"/> NyQuill PM | <input type="checkbox"/> Sudafed | <input type="checkbox"/> Zantac | |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Excedrin | <input type="checkbox"/> Omeprazole | <input type="checkbox"/> Triaminic | <input type="checkbox"/> Zyrtec | |

VITAMINS/SUPPLEMENTS

- | | | | | |
|--|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Biotin | <input type="checkbox"/> Fish Oil | <input type="checkbox"/> Iron | <input type="checkbox"/> Omega 3-6-9 | <input type="checkbox"/> Vitamin B6 |
| <input type="checkbox"/> Black Cohosh | <input type="checkbox"/> Flaxseed | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Pre-Natal Vitamin | <input type="checkbox"/> Vitamin B12 |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Folic Acid | <input type="checkbox"/> Melatonin | <input type="checkbox"/> Probiotics | <input type="checkbox"/> Vitamin C |
| <input type="checkbox"/> Calcium D-glucarate | <input type="checkbox"/> Glucosamine | <input type="checkbox"/> Multi-Vitamin | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> COQ-10 | Chondroitin | <input type="checkbox"/> Omega 3 | <input type="checkbox"/> Vitamin B-Complex | |