



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: \_\_\_\_\_

