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PATIENT MEDICATION & ALLERGY RECORD

NAME: _____

DATE: _____

INSTRUCTIONS: LIST ALL ALLERGIES, including Medications, Materials (e.g. Latex) and Foods.
Indicate Reaction(s) to EACH one.

List All Medicine/Material/Food Allergies

Type of Allergic Reaction

List All Medicine/Material/Food Allergies	Type of Allergic Reaction

INSTRUCTIONS: LIST ALL PRESCRIPTION MEDICATIONS, herbal remedies, vitamins, and over-the-counter drugs you are currently taking, including any product designated by the FDA as a Drug.

List All Medications

MEDICATION NAME	WHAT IS IT FOR	DOSE	HOW OFTEN	PRESCRIBED BY DOCTOR

Reviewed by: _____ Date _____