

## Medication and Allergy Worksheet

**Instructions:** In addition to the questionnaire you will complete online or on the computer in our office, we need to get a complete list of your allergies and medications. We review and update your medication list each time you come to see a provider at Moffitt. Please complete this worksheet at home and bring it with you to your appointment.

**Allergies:** Please list all things that you are allergic to including medications, foods, x-ray dyes, and iodine. For each item, include a description of the reaction you have to it.

I have no known allergies.

Source of allergy	Reaction

**Medications:** Please list ALL prescription and over-the-counter medications (drugs) including eye drops, topical patches, and injections (including vitamins and herbal products) you are taking or receive.

I am not taking any medications.

Name of medication	Strength	# of tablets	Route (pill, injection, etc.)	How often is the medication used or taken? (times per day/week/month)	Date started	Reason for using	Duration or Stop date?

Patient Name: _____ Date Of Birth: _____
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