

PARKRIDGE MEDICAL GROUP
LIST OF PATIENT'S MEDICATIONS

Dear Patient: Please complete this form listing all medications and bring this with you when you see the doctor.

Name: _____

LIST ALL KNOWN ALLERGIES:

LIST ALL PRESCRIPTIONS TAKEN:

Date Filled	Medication Name/Strength	Directions/How Taken

LIST ALL OVER THE COUNTER MEDICATIONS AND HERBAL MEDICATIONS TAKEN:

PLEASE BRING ALL MEDICATIONS WITH YOU AND THIS COMPLETED FORM WHEN YOU SEE THE DOCTOR.