Today's Date:

YOUR ALLERGIES

Medicines/Latex/Foods	Your reaction	Medicine/Latex/Foods	Your reaction
	•		

PLEASE LIST THE MEDICINES YOU TAKE AT HOME BELOW

Include ALL medicines, Vitamins, Minerals, Herbal Products, Inhalers and Diet Supplements you may take Include those prescribed by your doctor as well as any over-the- counter medicines

		How often			
	Dose	per day or as	Times you take		
Name of medicine	(mg)	needed	the medicine	What do You take it For	
	, ,				
Have you ever had:					
1. Pneumonia Vaccine					
2. Flu Vaccine	☐ Ye	s 🔲 No	Unknown	If yes, When?	