CSA Commonwealth Surgical Associates

Medication Log & Allergy List

Patient Name: _____ Date of Birth: _________

Allergies: _____

QUESTIONS ABOUT MEDICATIONS	Yes	No
Are you on coumadin or another blood thinner		
Do you take Prozac or any antidepressant drug		
Do you take Viagra		
Do you take controlled substances *(narcotics)*		
Do you take aspirin		
Do you take St. John's Wort		
Do you take vitamins or other natural remedies		
Do you use birth control pills		

Your Pharmacy Information		
Pharmacy Name	**Pharmacy Address**	**Pharmacy Phone Number**

Please list all your current medications.

Visit Date	Medication	Dosage/Strength	How Often Taken Daily	DC

Revised July 12, 2011