

Allied Health Rehab Center

Patient Name:	Medical Record#	Clinic
----------------------	------------------------	---------------

We need to keep a current record of the medications you take. Please take a few minutes to check off any medications you currently take as well as list any we don't have in our checklist. We also need you to list any medications you are allergic to.

Medication	Check if you take this medication:
Aleve	
Amaryl	
Anaprox	
Antibiotic	
Arthrotec	
Aspirin	
Atrovent	
Aventyl	
Baclofen	
Birth Control:	Name:
Blood Pressure Medication :	Name:
Calcium	
Cardizem	
Catapres	
Celebrex	
Cloaopin	
Codeine	
Darvocet	
Darvon	
Daypro	
Decadron	
Demerol	
Depakene	
Depakote	
Dexedrine	
Diabsta	
Dilantin	
Elavil	
Estrogen	
Feldsne	
Ibuprofen	
Waalsr	
Insulin	
KJoncpini	
Lidocaine	
Larinal	
Lipitor	
Magnesium	
Medrol Dose Pack	
Meridia	

Vtorphine	
Vtotrin	
Muscle Relaxant	
Naprosyn	
Norvasc	
OxyContm	
Paxil	
Percocet	
Plaquenil	
Prednisone	
Premarin	
Prevacid	
Prilosec	
Provera	
Prozac	
Relafen	
Ritalin	
Sarafem	
Sinequan	
Steriods	
Synthroid	
Tamoxifin	
Tegretol	
Therapen	
Tofranil	
Tylenol	
Verapamil	
Vicodin	
Vioxx	
Zanaflex	
Zoloft	
Zyrtec	

Medications not listed: _____

Allergies to medications: _____

