

Patient Home Medication List

(Include prescriptions, over the counter, herbals, vitamins and birth control pills/patch)

Allergies/Reaction:

Medication Name	mg per pill/capsule	How many pills/capsules per day?	How Often do you take them?	Nurse's Notes	<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown
					<input type="checkbox"/> dosage unknown

	VISIT DATE	VISIT DATE	VISIT DATE
PRE-OP NURSE			
PAUC NURSE			
ANESTHESIOLOGIST			
OR NURSE			
DISCHARGE NURSE			
OTHER			