



7312 E. Deer Valley Road, Suite 100 • Scottsdale, Arizona 85255  
 Phone: (480) 454-4185 • Fax: (480) 745 2420

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Current Medication:**

We encourage you to bring your medications to the office with you so that we can review your medications and enter them into the medical record. Or, if you prefer, bring in a list of your medications, or complete this form ahead of time, and hand it to your medical assistant when you arrive for your office visit.

I take no medications

Medications	Dose	Frequency	Reason

**Medication Allergies**

I have no known medication allergies.

Medication Name	What was the reaction?	When did this happen?