Commonwealth Surgical Associates
Medication Log & Allergy List

Patient Name: _____ Date of Birth: _________

Allergies: _____

PLEASE ANSWER QUESTIONS BELOW	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 vitamins or other natural remedies		
Your present weight Enter here: ( )		
Your present height Enter here: ( )		

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

11/20/2012 revised