Medical History: Prescription and Non- Prescription Medications

Please list all **prescription** medicines you are taking **and** reason for taking medication
Continue by listing all non-prescription medicines, herbal or nutritional supplements.

Prescription medicine name	Reason for medication

Please list all **allergic reactions** and **adverse reactions** to prescription and non-prescription medication. For each medicine, please list type of reaction. (ie:rash, nausea)

Medicine/ drug	Type of reaction

I certify to the best of my knowledge that the above is accurate, and that I will inform Dr. Givan or staff of any changes.

Signature_____Date_____