

Current Medication List

It is very important for you to be thorough when reporting your medications to your physicians. Every time you come to see your physician at Pulmonary Physicians of St. Joseph, you must bring a listing of all medications, inhalers, and/or over-the-counter supplements such as Vitamins you are taking. This form is intended to help you keep that information organized. You may want to keep a copy of this form for your own records

Name of Medication	Dosage	How often do you take it?	Date Started

Allergies to Medications: {Please list any allergies to medications)

Medication	Type of Reaction

Patient/Guardian Signature: _____ Date: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____