

Medication and Allergy Questionnaire

- Do you take aspirin? No Yes
- Do you take Plavix (clopidogrel)? No Yes
- Do you take Coumadin (warfarin)? No Yes
- Do you any other blood thinners? No Yes
- Do you take arthritis medication? No Yes
- Do you take acid reflux/heartburn medications? No Yes

Please list all medications taken / dose / frequency:

Medication Name	Dose (mg)	Frequency (1/day, 3/day, etc.)

Preferred Pharmacy: _____

Are you allergic to any medications? No Yes If yes, please list medication AND reaction (required) _____

Are you allergic to latex? No Yes

Are you allergic to iodine? No Yes

Patient Signature Patient Name (printed) Date