UNIVERSAL MEDICATION FORM

Please fill out this form before staff from Elite Surgery Center calls you.
Write down all of the medications you are taking and list all of your allergies. Make sure to also include any medications taken as needed, herbals, vitamins and over-the-counter medicines you take.

Name:	Date:

Allergic To /Describe Reaction:	Allergic To /Describe Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:

Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION	DOSE AND TIMES PER DAY	DATE STARTED	Reason for taking / Doctors