

**** Please fill out the following information and bring it for your appointment with the pharmacist****

Name: _____

Date of Birth: _____

Your pharmacy: _____

Pharmacy address: _____

Pharmacy phone number: _____

Allergies – Please list any medication allergies and the reaction you had to that medication:

1. _____
2. _____
3. _____

Please list ALL medications (including dose and frequency) you are currently taking – even supplements, herbals and over the counter medications (please use the back of the page if you would like to list more medication):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please bring all your medication vials when you come to the clinic for the appointment with the pharmacist, Thank you.

Vaccinations – Please bring a record of your vaccinations so that we can add it to our records.

When did you receive the following vaccinations, if you have received?

- **Hep A** – _____
- **Hep B** – _____
- **Flu** – _____
- **Tetanus** – _____
- **Pneumococcal** – _____