UNIVERSAL MEDICATION FORM

Child Cardiology Associates

(***New patients, please complete entire form)***

Name: _____ Date form started: _____

Allergies

Allergic to:	**Describe Reaction**
_____	_____
_____	_____
_____	_____

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: Tylenol)

DATE	**Name of Medication and Dose**	**DIRECTIONS:** Use patient friendly directions. (Do not use medical abbreviations)	**DATE STOPPED**	**NOTES:** Reason for taking and Doctors Name
Example	*Tylenol," x" mg.*	*By mouth twice a day*	*ongoing*	*Fever/Talluto*