Medications, Supplements & Allergies

Include prescriptions, over-the-counter medicines, hormones, injections, vitamins, and herbal products.

MEDICATIONS AND SUPPLEMENTS

Medication / supplement 1

Dose / frequency / reason

Medication / supplement 2

Dose / frequency / reason

Medication / supplement 3

Dose / frequency / reason

Medication / supplement 4

Dose / frequency / reason

Medication / supplement 5

Dose / frequency / reason

Medication / supplement 6

Dose / frequency / reason

Medication / supplement 7

Dose / frequency / reason

Medication / supplement 8

Dose / frequency / reason

ALLERGIES AND REACTIONS

Drug, adhesive, latex, or other allergy 1

Reaction

Drug, adhesive, latex, or other allergy 2

Reaction

Drug, adhesive, latex, or other allergy 3

Reaction

Drug, adhesive, latex, or other allergy 4

Reaction

Drug, adhesive, latex, or other allergy 5

Reaction

PHARMACY

Pharmacy name

Telephone

Medications, Supplements & Allergies

Include prescriptions, over-the-counter medicines, hormones, injections, vitamins, and herbal products.

Pharmacy address

MEDICATION SAFETY CONFIRMATION

- [ ] I have listed anticoagulants and antiplatelet drugs, including aspirin.
- [ ] I have listed GLP-1 or weight-loss/diabetes medicines.
- [ ] I have listed hormones, contraceptives, and fertility medicines.
- [ ] I understand I must not stop or change any medication unless instructed by the prescribing clinician and surgical team.

SIGNATURE

Printed name

Date

Signature (sign after printing or use an approved e-signature workflow)

By signing, I confirm that I reviewed this form and that the information I provided is accurate to the best of my knowledge.