

# Allergy and Medication Update

Allergic to Latex: Yes or No (Please circle one)

Today's Date	Allergies Example: Penicillin, Amoxicillin, Sulfa, etc.	Current Medications	Staff Initials

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_