



# MID AMERICA

## HEART & LUNG SURGEONS

### *PATIENT MEDICATION LIST*

Date of visit: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

**Current Medications:**

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Please list all medication allergies: \_\_\_\_\_

Latex Allergy?  Yes  No

Iodine Allergy?  Yes  No

HT: \_\_\_\_\_

WT: \_\_\_\_\_

BP: \_\_\_\_\_

HR: \_\_\_\_\_

RR: \_\_\_\_\_

O2: \_\_\_\_\_

Temp: \_\_\_\_\_