C.A.I. A Cardiovascular & Arrhythmia Institute

CURRENT MEDICATION LIST

Date:_____

Name: _____ DOB: _____/_____/_____

Pharmacy Name: _____ Street Crossroads:_____

Prescription Medication	Strength	Times per day	Reason for Taking Medication

Over The Counter Medications, Vitamins & Supplements	Strength	Times per day	Reason for Taking

ALLERGIES TO MEDICATIONS

_____ Check here if NO Medication Allergies

Medication	What is your reaction to this medication?