

**HAND SURGERY OF NORTHERN MICHIGAN**

**MEDICATION AND ALLERGY LIST**

PLEASE COMPLETE AND BRING THIS WITH YOU ON THE DATE OF YOUR APPOINTMENT

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_  Workcomp  Auto  Liability  Other

Please include vitamins and herbal medications as well as medications prescribed but not taken. Please use other side if needed.

MEDICATION NAME	DOSAGE	HOW OFTEN TAKEN

MEDICATION ALLERGY	REACTION?

**NO KNOWN DRUG ALLERGIES**

PREVIOUS SURGERIES	DATE