# PATIENT MEDICATION LIST

| NAME | DATE |
|---|---|
| | |

For your safety, the following list must be completed prior to each appointment. If you have an up-to-date copy of your Medication List already, please bring that with you to your appointment, so we can make a copy of it. Please check the box below if you are planning to bring your own list, or fill out the form below.

☐ **My Medication List is Attached**

## PAIN OR ROUTINE MEDICINE

| PAIN MEDICINE NAME | DOSE | # PER DAY |
|---|---|---|
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## OVER THE COUNTER & PRESCRIPTION MEDICATION

CHECK AND LIST ALL THAT YOU TAKE

- ☐ Aggrenox®
- ☐ Aspirin®
- ☐ Coumadin®
- ☐ Excedrin®
- ☐ Eliquis®
- ☐ Fish Oil
- ☐ Heparin®
- ☐ Ibuprofen®
- ☐ Lovenox®
- ☐ Motrin®
- ☐ Plavix®
- ☐ Pradaxa®
- ☐ Xarelto®

## DRUG ALLERGIES

| LIST ALL/ANY DRUG ALLERGIES HERE OR USE THE BACK SIDE OF THE PAGE |
|---|
| |
| PREFERRED PHARMACY |
| |

**REDWOOD PAIN INSTITUTE**

in Association with **St. Joseph Health Medical Group**

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