



**Ironwood
Physicians, PC**

MEDICATION AND ALLERGY LIST

ALLERGIES

PLEASE LIST ALL KOWN ALLERGIES AND REACTIONS BELOW

ALLERGIES	REACTIONS

ALLERGIES	REACTIONS

Are you allergic to iodine? YES NO

If you have no known allergies, please circle: NO ALLERGIES

MEDICATIONS

PLEASE LIST ALL MEDICATIONS
(INCLUDING PRESCRIPTIONS OVER THE COUNTER, AND SUPPLEMENTS)

MEDICATIONS	DOSE	FREQUENCY	TAKE FOR	START DATE	STOP DATE
PREFERRED PHARMACY					
MAIL-IN PHARMACY					

ADVANCED DIRECTIVES

Do you have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a DNR?	<input type="checkbox"/> Yes <input type="checkbox"/> No