



ALABAMA ONCOLOGY

Medications

Name:	Date:
Phone Number:	Pharmacy:
Birth Date:	Pharmacy Location:
	Pharmacy Phone #:
Immunization Record (Record the date/year/location of last dose taken, if known)	
Flu Vaccine:	Tetanus:
Pneumonia Vaccine:	Hepatitis Vaccine:
Medication Allergies (Describe Reaction)	Medication Allergies (Describe Reaction)

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: Lortab).

Date	Name of Medication/Dose	Directions	Prescribing M.D.