

ADVANCE PHYSICAL THERAPY

ALLERGIES & CURRENT MEDICATIONS

ALLERGIES (choose one)

- NO KNOWN ALLERGIES MEDICATION ALLERGIES _____
 LATEX ALLERGY _____

CURRENT HEIGHT _____ ft. _____ in. **CURRENT WEIGHT** _____ lbs.

I am not currently taking any prescription medications, supplements, or over-the-counter medications.

- | | |
|--|---|
| 1. Medication _____
Frequency _____
Dosage _____ Route _____ | 7. Medication _____
Frequency _____
Dosage _____ Route _____ |
| 2. Medication _____
Frequency _____
Dosage _____ Route _____ | 8. Medication _____
Frequency _____
Dosage _____ Route _____ |
| 3. Medication _____
Frequency _____
Dosage _____ Route _____ | 9. Medication _____
Frequency _____
Dosage _____ Route _____ |
| 4. Medication _____
Frequency _____
Dosage _____ Route _____ | 10. Medication _____
Frequency _____
Dosage _____ Route _____ |
| 5. Medication _____
Frequency _____
Dosage _____ Route _____ | 11. Medication _____
Frequency _____
Dosage _____ Route _____ |
| 6. Medication _____
Frequency _____
Dosage _____ Route _____ | 12. Medication _____
Frequency _____
Dosage _____ Route _____ |

- Patient brought medication list
 Medication list received from referring provider