NORTHSHORE PRIMARY CARE

Medication List

Please list all medications that you are currently taking including any over the counter medications and vitamins.

Preferred Pharmacy:_____

Medication	Dosage	Reason for taking

It is recommended that you bring all your medications as well to your appointment as well

Allergies:_____

_____

_____

(over)

NORTHSHORE PRIMARY CARE

Past and current medical issues you have been treated for:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Past Surgeries:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____