

Euclid Endoscopy Center

Patient medication List

(Please include *Prescriptions, over the counter, patches, supplements, herbs, vitamins, teas, contraceptives*)

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|------------|-----------|
| Allergies: | Reaction: |
|------------|-----------|

| Medication Name/ Dose | Reason for taking | Taken Last time | Notes |
|-----------------------|-------------------|-----------------|-------|
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*You can use the back of this document if you need more space

Do not take medications (Including vitamins, supplements, teas or over the counter)

Cannot obtain a history of medications Comentarios: _____

Signature Review of Medications and Allergies across the patients care continuum

Pre-Op Nurse: _____