MCG HEALTH, INC. AMBULATORY CARE SERVICES PATIENT RECORDED LIST OF MEDICATION & ALLERGIES

Today's date:			DOB:		EMRN:			
			ACCT#:					
		LOCATION:						
		* *						
List all medications to which the patient is allergic:		How severe is the reaction?						
		Severe	Moderate	Mild	Unknown	<u> </u>	Reaction	
☐ No Known Drug Allergies								
Please list all medications that the patient	currently takes. T	This incl	udes pre	scrintion	over- the-	-counter, a	nd	
herbals or "natural remedies" taken. Leave				scription	, over the	counter, u		
Medication	Dos	age			How often?		Date started	
The nations does not expuse	mtly tales any	, madi	actions					
☐ The patient does not curre	mily take any	mean	cations	•				
			N	1.D./Caregi	ver reviewed	above with p	atient/family	
To be completed by office staff: Data entered by (name): Allergies								
CPTcodes: Diagnoses_								
☐ HCPCS ☐ ICD-9 ☐ Procedures ☐ N/A								
To be completed for Quality Improvement numbers by								
To be completed for Quality Improvement purposes only: Q.C.: Date QC completed: Initials Summary List IS located in PowerChart Yes No								
Includes Allergies: Yes No Medications: Yes No Diagnoses Yes No Procedures: Yes No CPT Codes: Yes No								
DO NOT FILE THIS DOCUMENT AS PART OF PATIENT'S PERMANENT RECORD								