Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

PIMA LUNG & SLEEP, PC

AMITAB PURI, MD, FCCP, FCCM, DABSM, FACSM

MEDICATION UPDATE FORM

5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

Patient Name: _____ Date: _____ DOB: _____/_____/_____

Next clinic date at Pima Lung &Sleep: _____

MEDICATION ALLEGIES

MEDICATION: _____ ALLERGIC REACTION: _____

MEDICATION: _____ ALLERGIC REACTION: _____

MEDICATION: _____ ALLERGIC REACTION: _____

MEDICATION: _____ ALLERGIC REACTION: _____

MEDICATION: _____ ALLERGIC REACTION: _____

MEDICATION: _____ ALLERGIC REACTION: _____

NON-MEDICAL ALLERGIES: _____

CURRENT MEDICATIONS AND USES

Please include ALL daily medications and their doses, inhalers, and as-needed medications (aka PRN meds), ointments, eye drops and ALL vitamins and supplements.

DRUG NAME	DOSE	FREQUENCY	USED FOR:

When was your last Flu Shot? _____/_____/_____ Last Pnuemonia Shot? _____/_____/_____

Any new allergies? _____

Reaction: _____

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