



**Doctors you are currently seeing**

<b><u>Doctors Name</u></b>	<b><u>Specialty</u></b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Previous primary care Physician : \_\_\_\_\_ Reason for switching: \_\_\_\_\_co

**Current Medication List**

<b>Medication</b>	<b>Dosage</b>	<b>Special Notes</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Allergies/Sensitivities to Medications :**

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**Environmental Allergies :**

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