# CURRENT MEDICATIONS / ALLERGIES

*(Please complete this form and bring it with you to your appointment. Thank you!)*

Dr. Conan Shaw

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**Name Birth Date**

**CURRENT MEDICATIONS**

Please list ALL medications you are currently taking (including prescription, over-the-counter medicines, vitamins, topicals, and herbals):

**KNOWN ALLERGIES**

Please list ALL known allergies (including allergies to medications, foods, substances {ie latex} and environmental allergies):

**Patient Signature Date**