Today's date_____

R-Health New Brunswick
Medication list

Name: _____Date of Birth: _____

❑ No Known Drug Allergies

Drug, Food or Environmental allergies:

Allergic to:_____ Reaction: _____
_____ Reaction: _____
_____ Reaction: _____
_____ Reaction: _____
_____ Reaction: _____

Current Prescription and Over-the-counter Medications, Vitamins and Herbs: (Please include dosages)