

ALLERGIES

PLEASE LIST ALL MEDICATION ALLERGIES

PREVENTATIVE PROCEDURES & MEDICATION

Procedure	Date	**Medication Allergies**
Mammogram	_____	_____
Pap Smear	_____	_____
Blood Chemistry	_____	_____
Chest X-Ray	_____	_____
Hemocult	_____	_____
Colonoscopy	_____	_____
Tetanus	_____	_____
TB	_____	_____
Flu Shot	_____	_____
HPV Vaccine (Gardasil)	_____	_____