Wilkes Regional
Medical Center
Caring for our community

Allergies:	**Reaction (What Happens):**

Prescription Medications **Name:** **Date of Birth:**

Start date	**Name of medicine** Brand name/ Generic name too if available	**Dose** (mg, units, puffs, drops)	**How often do you take this medication?**	**Purpose** Why do you take it?	**Important comments**

Non-Prescription Medicine
Including Vitamins, Herbal Remedies and Over the Counter Medications

Start date	**Name of medicine**	**Dose** (mg, units, puffs, drops)	**How often do you take this medication?**	**Purpose** Why do you take it?	**Important comments**