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CONCIERGE PERSONALIZED CARE  
GYNECOLOGY • HORMONE THERAPY  
INTEGRATIVE MEDICINE

## MEDICATION, SUPPLEMENT & ALLERGY RECORD

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

List ALL Allergies to Medications, Supplements, Food and Materials (eg. Latex):

Allergic To:

Describe Allergic Reaction You Experienced:


List ALL Prescription Medications, Supplements, Vitamins and Recreational Drugs Currently Taking

Name of Drug or Supplement

Purpose

Dosage

Frequency

Name of Doctor

Name of Drug or Supplement	Purpose	Dosage	Frequency	Name of Doctor

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

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