DIABETES ASSOCIATES MEDICAL GROUP-MEDICATION LIST

Food allergies: _____

Drug allergies: _____

_____

_____

Describe the nature of the drug allergy (for example: hives, rash, shortness of breath, passed out, swelling of face or tongue, anaphylaxis_____

Drug Sensitivities: _____

Describe the nature of the drug Sensitivities (for example: nausea, vomiting, diarrhea, headache):_____

Latex allergy: _____

Tape allergy: _____

List your current medications and doses----------

List medications you have tried in the past for diabetes that you no longer use and why you stopped------
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List your supplements and doses ----------

What is your pharmacy name ----------?

Pharmacy phone number---------- Pharmacy fax number----------