

## Austin Pulmonary Consultants, PA

Please list all of the medications you take (both prescribed and over the counter). After the name of the medication, please list the strength followed by the dosing instructions.

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Medication Allergies and Reactions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Food Allergies and Reactions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Iodine Allergy:             YES    NO  
 Peanut Allergy:         YES    NO  
 IV Contrast Allergy:    YES    NO    NOT SURE

Item	Name of Medication	Strength	Directions
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

North Office  
 3600 W. Parmer Lane  
 Suite 106  
 Austin, Texas 78727

Phone: 512.977.0123  
 Fax: 512.977.0126

South Office  
 5920 W. William Cannon Dr.  
 Bldg. 1; Suite 150  
 Austin, Texas 78749

Phone: 512.441.9799  
 Fax: 512.441.9814