

# CAROLINA REGIONAL CANCER CENTER

## MEDICATION & ALLERGY INFORMATION

**Medications you are currently taking:** *Please complete the following medication chart.*

Name of Medication	Milligrams	How Often?	Prescribing Doctor
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			

**Drug Allergies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Allergies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

Nurse's Initials \_\_\_\_\_  
Physician's Initials \_\_\_\_\_