

**JSAPA ALLERGIES & MEDICATIONS FORM**

**List Any Allergies Below:**

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**List Any Medications You Are Currently Taking (including non-prescription or over the counter vitamins or supplements):**

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

**Circle Any Past Medical History:**

Allergies/Seasonal

GERD

Anemia

Hepatitis

Angina

Hernia

Anxiety

HIV

Arthritis

Hyperlipidemia

Bipolar

Hypertension

Blood Clots

Irritable Bowel Disease

Cancer

Migraines

COPD

Osteoporosis

Crohn's Disease

Peptic Ulcer Disease

Depression

Renal Disease

Diabetes

Seizure Disorder

Gallbladder Disease

Thyroid Disease

Other: \_\_\_\_\_