

**MERCY IOWA CITY
PRE-ADMISSION ALLERGY AND MEDICATION LIST**

Please complete this form and mail with your completed Health History. If you have questions, call Mercy Pre-Admission at 319-358-2688 or 1-888-252-3475.

Patient Name: _____

Do you have an allergy or sensitivity to latex? No Yes If yes, please list reaction below:

Are you allergic to, sensitive to, or told not to take any medicine, or other substances?
 No Yes If yes, please include antibiotics, pain medications, soap, iodine, tapes or foods. Please list reaction below.

Name	Reaction

MEDICATION LIST

No medications taken

Pharmacy Name: _____ Phone: _____

Please list prescription, non-prescription, and over-the-counter medications: (include birth control, pain relievers, vitamins, herbal supplements or teas, and other alternative medications).

Medication Name	Dose (mg, units, puffs)	How often taken and what times?	Purpose - why do you take?

