PRINT SAVE AS EMAIL RESET

Fred Hutch
Cancer Center

Clinic Appointment Date: _____ **Time:** _____

Demographic Information (Please print clearly)	
Full Legal Name:	**Date of Birth:**
Phone Number for a pharmacist to contact you with questions:	

Pharmacy Name (Local, Mail Order)	**Address**	**Phone Number** (Include Area Code)

ALLERGIES to Medications, Foods, Environmental Substances	**TYPE OF REACTION**

Do you react to latex or rubber (gloves, paint, condoms, balloons) with a rash, watery eyes or wheezing?
☐ Yes ☐ No

If yes, please explain: _____

TEAM
NAME
PT NO
DOB

PLACE EPIC LABEL HERE

[M]
[F]

Fred Hutchinson Cancer Center is an independent organization that serves as UW Medicine's cancer program.

UW Medicine

SMED004

MEDICATION LIST

Fred Hutch
Cancer Center

MEDICATIONS PRESCRIBED BY YOUR DOCTOR			
Medication Name	Strength/ Dose	Directions on the Bottle	Reason for Taking
Example: Lisinopril	*10 mg*	*Take 2 tablets once daily*	*Hypertension*

NON-PRESCRIPTION MEDICATIONS, VITAMINS, MINERALS, HERBALS, OTHER DIETARY SUPPLEMENTS			
Product Name	Strength/ Dose	How Often You Take the Product	Reason for Taking
Example: Calcium Carbonate	*500 mg*	*Once a day*	*Bone health*
Example: Hydrocortisone Cream	*0.1%*	*1-2 times weekly*	*Itchy skin on arm*

TEAM

NAME

PT NO

DOB

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MED004 (09/22)

MEDICATION LIST