Women's Healthcare Associates

Doron Blumenfeld, M.D., F.A.C.O.G.
Olivia Crookes, M.D., F.A.C.O.G.
Paula J. Shulman, M.D., M.P.H.
Phabillia Affiack, M.D., F.A.C.O.G.

1245 16th Street, Suite 300
Santa Monica, Ca 90404

tel (310) 453-6767
fax (310) 828-3704
www.smwha.com

MEDICATION LIST

Patient's Name:_____

ALLERGIES:				
Type	Yes	No	List	Reaction
Medication				
Food				
Latex Products				

LIST OF PATIENT'S CURRENT MEDICATIONS

	Name of Medication: Include prescription, over-the counter, vitamins, herbal products and supplements	Dose	Frequency	Reason for Taking
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Patient Signature:_____ Date:_____