

Allied Health Rehab Centers

Akron
 388 S. Main Street
 Suite 205
 44311
 (330) 543-2110
 (330) 543-3851 Fax

Barberton
 133 5th Street SE
 Suite B
 44203
 (330) 753-5113
 (330) 753-8530 Fax

Cuyahoga Falls
 650 Graham Road
 Suite 107
 44221
 (330) 920-1002
 (330) 920-0923 Fax

Mogadore
 35 N. Cleveland Ave.
 Suite C
 44260
 (330) 628-0736
 (330) 628-0739 Fax

Wadsworth
 323 High Street
 Suite 102
 44281
 (330) 335-0026
 (330) 335-2389 Fax

Patients Name: _____ Date: _____

We need to keep a current record of the medications you take. Please take a few minutes to check off any medications you currently are taking, as well as listing the ones not on our form. We also need you to list any medications you are allergic to.

Please bring this form to the therapist when you come to your appointment.

Medications	Check if you take this medication
Aleve	
Amaryl	
Anaprox	
Antibiotic	
Arthrotec	
Aspirin	
Atrovent	
Aventyl	
Baclofen	
Birth Control	Name: _____
Blood Pressure	Name: _____
Calcium	
Cardizem	
Catapres	
Celebrex	
Clonopin	
Codeine	
Darvocet	
Darvon	
Daypro	
Decadron	
Demerol	
Depakene	
Dexedrine	
Diabeta	
Dilantin	
Elavil	

Medications	Check if you take this medication
Estrogen	
Feldene	
Ibuprofen	
Inhaler	
Insulin	
Klonopin	
Lidocaine	
Lorinal	
Lipitor	
Magnesium	
Medrol Dose Pack	
Meridia	
Morphine	
Motrin	
Muscle Relaxant	
Naprosyn	
Norvasc	
OxyContin	
Paxil	
Percocet	
Plaquenil	
Prednisone	
Premarin	
Prevacid	
Prilosec	
Provera	

Medications	Check if you take this medication
Prozac	
Relafen	
Ritalin	
Sarafem	
Sinequan	
Steriods	
Synthroid	
Tamoxifen	
Tegretol	
Therapen	
Tofranil	
Tylenol	
Verapamil	
Vicodin	
Vioxx	
Zanaflex	
Zoloft	
Zyrtec	

Other Medications: _____

Allergies to Medication: _____

