

**MEDICATIONS:** Circle the medication you are taking. Please list the names if you know them.

Antibiotics or Sulfa drugs      Anticoagulants (blood thinners)      High Blood Pressure      Cortisone (steroids)      Tranquilizers  
Aspirin      Insulin      Digitalis/heart meds      Nitroglycerin      Hydrocodone      Vicodin/Lortab      Birth Control Meds  
Soma      Flexeril      Coumadin/Warfarin      Plavix      HIV meds      Robaxin      Tylenol #3      Oxycontin      Methadone  
Fentanyl Patch      Antidepressants      Herbal Medications      Vitamins      Supplements      Advil      Aleve

What specific medications, by name, if you know them: (If you have a list already, please ask for us to copy for your chart)

Tramadol 50 mg x 2 3 x Daily as needed  
IBuprofen 600mg 1 3 x Daily as needed  
Sudafed - Fluid in Ears - To dry up  
Mucinex - This week -  
Garlic - Supplement

**RECREATIONAL ACTIVITIES/EXERCISE/HOBBIES:**

Running      Walking      Cycling      Golf      Yoga      Treadmill      Elliptical Machine      Weightlifting  
Aerobics class      Other Home Remodel, Vacation Rental Homes

**Please do not write below this space**

Physician has reviewed the form and acknowledges the findings:

\_\_\_\_\_  
Signature—Andrew E. Park, MD

