OFFICE USE ONLY
DATE
WEIGHT
BLOOD PRESSURE
LMP
DATE OF LAST PAP?

Northeastern Ohio Fertility Center
468 East Market Street
Akron, OH 44304
(330) 376-2300
Fax: (330) 376-4807

Patient Medication and Allergy Information

Patient Name: Date of Birth:

Please list all medications (prescription, over the counter, supplements and herbal medications)

Drug	Dose	How often?

Please list all allergies - medications and food.

Medication or food:	Please list what happens when you take this:

Patient Signature	Date

Reviwed by Physician	Date