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WA DEA#: FB2086088 WA LIC#: MD60145396 CALIF DEA#: FB2125272 CALIF LIC#: A113124

NPI#: 1548405418 TAX ID#: 77-0120854

LIST OF MEDICATIONS

Patient Name: _____ DOB: _____ Date: _____

Date Updated: _____ Patient Initials: _____

Medication Name*	Dose	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*(Please include any non-prescription drugs, vitamins, aspirin, etc.) Please continue medication list on other side if necessary

Blood Thinners:

Are you on any blood thinner (anti-coagulation) medications such as aspirin, coumadin, Plavix or others? Yes No

If yes, please list: _____

Medication Sensitivities <input type="checkbox"/> None	Reaction
1. _____	_____
2. _____	_____

Medication Allergies <input type="checkbox"/> None	Reaction
1. _____	_____
2. _____	_____
3. _____	_____

Other Allergies: Are you allergic to or have you had a reaction to any of the following? Please include food allergies.

Steroids Contrast Dye Shellfish Morphine Fentanyl Aspirin DMSO

Novocain Lidocaine Valium

Other _____ What type of reaction? _____

Lidocaine Non-Responsive/Insensitive Yes No **Nitrous Oxide Non-Responsive/Insensitive** Yes No

Comorbidities: Additional Disease/Conditions

Diabetes High Blood Pressure Cardiac Risk Stroke DVT Thyroid

Other _____

Patient Signature

Date

For Office Use Only: HR: Yes No _____

Revised 03/31/2017

Patient Name: _____ DOB: _____ Date: _____

***Medication Name Continued**

Dose

Frequency

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____