



Patient Name: _____

Recorded by: _____

Date: _____ Time: _____

List all allergies/intolerances & reactions (Food, Drug, environmental, latex, iodine, gadolinium, contrast medium, etc.):

Allergy: Latex	Y	N	Reaction:	Allergy:	Reaction:
Allergy: Iodine	Y	N	Reaction:	Allergy:	Reaction:
Allergy: Gadolinium	Y	N	Reaction:	Allergy:	Reaction:
Allergy: IV Contrast	Y	N	Reaction:	Allergy:	Reaction:
Allergy: Feridex	Y	N	Reaction:	Allergy:	Reaction:
Allergy: Food	Y	N	Reaction:	Allergy:	Reaction:
Allergy:			Reaction:	Allergy:	Reaction:
Allergy:			Reaction:	Allergy:	Reaction:

Medication Name – Please list all current medications being taken

Reviewed by: _____ Date: _____ Time: _____