LAW OFFICES OF
STEPHEN SUTERA, P.C.

MEDICATIONS LIST

Name: _____ Date: _____

Medications currently taken (including vitamins) If none, please indicate NONE.

Medication	Dosage	Doctor Prescribed YES/NO	Name of Doctor

List any known allergies whether medication or other:

_____

_____

_____

Blood Type: _____

List any Permanent Medical Conditions:

_____

_____

_____

List any Specialist Doctors currently treating you:

Doctor's Name	Specialty	Phone Number

MEDICAL PROCEDURES LIST

Name: _____ Date: _____

Ask yourself the following questions and continue to update your list accordingly:

i. Did the medical professional take something from me?

ii. Did the medical professional put something in me?

iii. Did the medical professional take a picture of something?

Procedures in the Last 10 Years

Name and Year of Procedure	Doctor Name and Phone Number	Facility Where Procedure Took Place

**You may also want to list all visits to any doctor in which the doctor provided blood tests, flu shots, or any other type of testing procedure.

**Please use additional sheets, if necessary