Sweetwater Pulmonary Associates

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Sugar Land Texas 77479
(832)255-6632

Name:	**Birth Date:**
Phone Number:	**Pharmacy name:**
Cell phone:	**Pharmacy Phone:**
Address:	**Pharmacy Fax:**

IMMUNIZATION RECORD(Record the date/year of last dose taken, if known)		
TETANUS	FLU VACCINE	PNEUMONIA VACCINE
HEPATITIS VACCINE	**OTHER**	

Allergic To / Describe Reaction:	**Allergic To / Describe Reaction:**

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE STARTED	**NAME OF MEDICATION**	**DOSE**	**DIRECTIONS:**	**DATE STOPPED**	**Reason for Taking / Doctor Name**