KONA
COMMUNITY HOSPITAL
Care You Can Count On

Medical Oncology
79-1019 Haukapila Street • Kealakekua, HI 96750
808-322-6910 • 808-322-6918 (fax)

MEDICATION LIST

Patient: _____ **DOB:** _____

Please list all known ***ALLERGIES AND REACTIONS*** (include medications, food, seasonal, etc.)

☐ **No allergies**

Allergy to:	Type of Reaction:

Please list all **CURRENT** medications you are taking (include vitamins, supplements, nutritional and anything over the counter)

☐ **No medications**

Name of Medication	Dose	How many times a day do you take?	What do you take this medication for?

Completed by: _____ Date: _____