

# Pre-Procedure Allergy Checklist

**Patient Name:**

**Date of Birth:**

**Procedure:**

**Date:**

**Check all allergies that apply:**

☐ Latex ☐ Medication ☐ Food ☐ Iodine ☐ Tape/Adhesive ☐ Other

**If any allergies, please specify details:**

**Reviewed by (Name):**

**Signature:**

**Date & Time:**