

## Patient Medication List

**Patient Medication History:**

Weight \_\_\_\_\_ kg

*Please include all prescription drugs, herbal, dietary supplements and over-the-counter medication use.*

Allergies (Meds/Foods) \_\_\_\_\_ NKDA \_\_\_\_\_ Soybean \_\_\_\_\_ Eggs \_\_\_\_\_ Latex

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Source of Medication list: (check all used)

( ) Patient medication list ( ) Patient/Family recall ( ) Medication brought to hospital ( ) Patient H&P

( ) Other: \_\_\_\_\_ ( ) Addendum to previously completed medication list.

Drug Name	Dose	Route	Frequency	Date Last Taken	Today		Reason For Medication
					Y	N	

Supplements - Vitamins or Over-the-Counter Medication	Dose	Route	Frequency	Date Last Taken	Today		Reason For Medication
					Y	N	

Discharge Medication	Dose	Route	Frequency	Date Last Taken	Today		Reason For Medication
					Y	N	
This is not a prescription							

These are a list of my current medications \_\_\_\_\_  
 Patient signature and date

Prescreening nurse & date      Preoperative nurse & date      OR nurse & date      PACU nurse & date      RCC nurse & date

A copy of this record was reviewed and given to the patient upon discharge from our facility

- 1) Always keep this form with you. Take it to all your doctors visits, medical testing, hospital admissions or surgery.
- 2) When you are discharged from our facility this form will be reviewed with you and you will get a copy.
- 3) Follow the guidance of your physician regarding resuming your preoperative medication.
- 4) Contact your physician or pharmacist about how to store your medication or how to dispose of any medications that have expired or are no longer being taken by you.

**Patient Label**