

OUTPATIENT HOME MEDICATION RECORD

PLEASE LIST BELOW what medications your doctor(s) prescribe for you. Include what you take on your own—for example, medicines for fever, aches, pain, coughs, colds; allergy relief; vitamins; herbal products (such as ginkgo biloba, fish oil, chondroitin, glucosamine, etc.) Also list nutrition supplements such as Boost, Glucerna, etc.

Signature of person completing form: _____

List completed by: Patient Other: Name _____
 Relationship: _____

If you have more than one test scheduled for today, please ask for a copy of this form to take with you to the next test location.

KEEPING TRACK OF YOUR MEDICATIONS:

Having all of your medicines written down in one place helps your doctor, pharmacist, or other health care workers take better care of you.

- Keep a list like this one to track medication names, doses, and how often you take them.
- If your medicines or doses change, or new ones are added, add these changes to the list
- Always keep the list with you to show your doctor or other healthcare workers, or in case of an emergency.

| Medication Name <input type="checkbox"/> I do not take any Home Medications | Dose | How Often | Route taken by mouth, injection, put on skin, other (please describe) | For Staff Use <input type="checkbox"/> Unable to obtain home medication list at this time. Comment: _____ | Date: | Time: |
|---|-------------|------------------|--|---|---------------------|------------------|
| | | | | Sign: | | |
| | | | | I have reviewed the patient's medication information: | | |
| | | | | Location | Registration | Signature |
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DO NOT WRITE BELOW THIS LINE