

- Inpatient
- Outpatient
- ED

Patient Name: _____

Bring this form with you to the hospital - DO NOT MAIL

Allergies: Drug/Foods (eggs/nuts)	List Reactions/ Side Effects	Other Allergies	List Reactions/ Side Effects
<input type="checkbox"/> None		Latex/Rubber Products (banana, kiwi, avocado, chestnut) <input type="checkbox"/> None	
		Iodine (Contrast dye, Shellfish) <input type="checkbox"/> None	
Date of Pneumovax vaccine _____ Date of Influenza vaccine _____		Seasonal/ Environmental/ Animal <input type="checkbox"/> None	

If any allergies, apply red allergy bracelet

For latex allergy, refer to algorithm on back

- Patient is Breastfeeding
- Patient is Pregnant
- Taking no medications at home
- Unable to obtain medication history
Reason: _____
- Facility/patient list attached

Height: _____ ft/inches _____ cm
 Weight: _____ lbs _____ kg
 Information Patient Spouse Wallet Card
 Source: Brought medications from home
 Other (Specify): _____

Pharmacy used: _____
 Phone number: _____

Information verified with prescriptions? Yes No
 Medications sent: home to pharmacy not present

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (Including Prescriptions, Over-The-Counter, Herbals, Patches, Inhalers, Eye Drops, Supplements, Vitamins, Aspirin and Oxygen)

Drug Name	Dose	Frequency (how often)	Last Taken Date/Time M L	DISCHARGE (Outpatient Only)
				Completed by Provider Date/Time: _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
				C DC N R _____
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				C DC N R _____
				C DC N R _____
				C DC N R _____

OUTPATIENT ONLY

Key: C=continue DC=discontinue N=new R=resume on this date

- Person(s) Completing Medication History:**
- Patient Date/Time: _____ Sent to Pharmacy
 - Other _____ Date/Time: _____
 - Hospital Staff _____ Date/Time: _____ Hospital Staff _____ Date/Time: _____
 - Hospital Staff _____ Date/Time: _____ Hospital Staff _____ Date/Time: _____

Outpatient Discharge Provider Signature: _____ Date: _____

The provider has relied upon the patient or their surrogate for the accuracy of the above list of current medications. The provider is not responsible for any inaccuracies in the list. Contact your primary care provider if you have any questions about continuing or resuming any of your medications.

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