

Patient Name:	Date of Birth	Today's Date	

Medication History Form -please read instructions on back of form prior to filling out

Thank you for choosing Ridgeline Endoscopy Center. A history and physical form and this medication history form are required paperwork and will need to be updated each visit.

Your completed medication history form provides us with the necessary information we need to assure that we are providing a safe and thorough evaluation of your needs. PLEASE FILL IT OUT AND BRING THE COMPLETED FORM WITH YOU TO YOUR APPOINTMENT.

An incomplete or blank form could delay your appointment start time											
Primary Care Physician:											
Patient's Home Pharmacy:											
Allergies/Reactions											
LATEX reaction:						reaction	1				
☐ DEMEROL reaction:				reaction							
☐ EGGS reaction:						reaction	1				
☐ Has a blood relative had a bad reaction to Anesthesia? Reaction ☐ Have you had a bad reaction to Anesthesia? Reaction											
Medications on Admissions INSTRUCTIONS: Include prescriptions, over-the-counter medications, patches, inhalers, vitamins, herbal/home remedies, teas, dietary supplements											
Medication [Include dosage form if indicated (EC, XL, ER, SR, CD, XR)]	Dose (amount)	Route (oral, topical, inject, etc)	Schedule (how often you take the med)	When La		Reason for taking (e.g. diabetes, Hypertension, etc.)	Medication Started	Medication Discontinued			
		BELOW	FOR STAF	F USE	ONLY						

INSTRUCTIONS

- Please NOTE that this is a medication history form that will be used to keep track of current medications you are taking.
- This form can serve as a template medication history if admitted to a health care facility.

Patient or Caregiver

- 1. Please list medications with attention to the entire description. (e.g., note if XR, SR, XL. Are at the end of the medication name). This information can be found on your prescription labels.
- 2. Please include any medications you are currently prescribed but not taking.
- 3. Please indicate reasons why not taking these medications.
- 4. At discharge from this service please keep this with you and share with other Healthcare providers.

Nurse

- 1. Review the completed Medication History Form with patient and family as part of the overall history.
- 2. This form will be used to supplement current history forms.
- 3. Sign in the "reviewed by" signature block.
- 4. Cross through medications that are discontinued.
- 5. Contact the practitioner and any related pharmacy services if any compliance issues are noted.