

PATIENT MEDICATION LIST

CURRENT MEDICATIONS

LIST ALL ALLERGIES: _____

PRESCRIPTION MEDICATION LIST

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

REASON: _____

PRESCRIBED BY: _____

LAST TAKEN WHEN? _____

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

REASON: _____

PRESCRIBED BY: _____

LAST TAKEN WHEN? _____

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

REASON: _____

PRESCRIBED BY: _____

LAST TAKEN WHEN? _____

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

REASON: _____

PRESCRIBED BY: _____

LAST TAKEN WHEN? _____

(see other side to list additional medications)

NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

LAST DOSE DATE/TIME _____

(see other side to list additional medications)

PATIENT SIGNATURE: _____

MEDICATION LIST COMPLETED BY: _____

PATIENT OTHER (list) _____

Reviewed by: _____

Pre-op RN _____ OR/ RN _____

Post-op RN _____ Other _____

(PATIENT STICKER)

PPP-PHM REV 10-06