

# PATIENT MEDICATION LIST

## CURRENT MEDICATIONS

LIST ALL ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRESCRIPTION MEDICATION LIST

NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____

## NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____
NAME OF MEDICATION _____	DOSE _____	HOW OFTEN? _____

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