

HOME MEDICATION LIST

Patient: _____ Sex: Male Female

MMI: _____ DOB _____ Doctor _____ FIN: _____

Medication Allergy: _____

Home medication list as provided on arrival (*include name of prescriptions, herbals, over-the-counter medications, vitamins, topicals, etc.*). Compare list to the medications ordered for the patient in order to identify and resolve discrepancies.

No Medications

	Medication	Date / Time Last Taken
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

	Medication	Date / Time Last Taken
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		

List name of drug causing a potential drug interaction and/or allergic reaction: _____

Name of Physician Contacted: _____

Meds recorded & reviewed by: _____ Date/Time: _____

When applicable, written information regarding changes to home medications was provided to the patient at the end of the outpatient encounter.

List home instructions regarding any changes to medications: _____

The patient has been educated on the importance of managing medication information. The patient has been instructed to carry medication information at all times in the event of an emergency and to update the information when medications are discontinued, doses are changed, or new medication (including over-the-counter products) are added. Patient has been instructed to bring the list of medications to each physician office visit, outpatient procedure, and hospital admission.

Education provided by: _____ Date/Time: _____



OPTIMAL IMAGING

St. Vincent's HealthCare

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