Provided	hv.	Trivergent	Health	Alliance
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## **Medication History Form**

Patient:	Bed #Date of Birth:					
A)	Check in with nurse (or chart) and ask if he/she has a medication list					
B)	Wash hands					
C)	Verify patient name/date of birth, introduce yourself and why you are there					
D)	Verify allergies in the computer are accurate and up-to-date. Obtain any missing information.					
E)	Ask the patient if he/she has a medication list					
F)	Ask if the patient knows what medications he/she is taking (if not, obtain pharmacy/nursing home, or MD					
	office and location:)					

## Obtain medications and last date/time taken

Medication	Strength	Route	Directions	Prn or Routine	Last date/time taken

## G) Ask if the patient uses any of the following:

Vitamins: Injections:

Supplements/herbals: Anything for sleep:

Aspirin: Birth control/hormone replacement (female):

OTC for pain:

Other OTC:

Investigational meds:

Medication samples:

Topicals (cream/patch sprays): Sharing medications with anyone:

Eye/ear drops: Nutritional Supplements:

H) Ask if there is anything else they can think of, thank the patient, ask if they need anything (can refer to nurse/patient care technician, wash hands).