BARNES-JEWISH Hospital BJC HealthCare

OUTPATIENT HOME MEDICATION RECORD

Washington University in St. Louis SCHOOL OF MEDICINE

PATIENT IDENTIFICATION

PLEASE LIST BELOW what medications your doctor(s) prescribe for you. Include what you take on your own–for example, medicines for fever, aches, pain, coughs, colds; allergy relief; vitamins; herbal products (such as gingko biloba, fish oil, chondroitin, glucosamine, etc.) Also list nutrition supplements such as Boost, Glucerna, etc.

Signature of person completing form: _____

List completed by: ☐ Patient Other: Name _____

Relationship: _____

If you have more than one test scheduled for today, please ask for a copy of this form to take with you to the next test location.

KEEPING TRACK OF YOUR MEDICATIONS:

Having all of your medicines written down in one place helps your doctor, pharmacist, or other health care workers take better care of you.

- Keep a list like this one to track medication names, doses, and how often you take them.
- If your medicines or doses change, or new ones are added, add these changes to the list
- Always keep the list with you to show your doctor or other healthcare workers, or in case of an emergency.

Medication Name ☐ I do not take any Home Medications	**Dose**	**How Often**	**Route** taken by mouth, injection, put on skin, other (please describe)

For Staff Use ☐ Unable to obtain home medication list at this time.

Comment: _____

Sign: **Date:** **Time:**

I have reviewed the patient's medication information:

Location	**Registration**	**Signature**	**Date**	**Time**

DO NOT WRITE BELOW THIS LINE