

SIDE 1



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)

SIDE 2



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?	
NAME OF MEDICATION:	DOSE	HOW OFTEN?
REASON:		
PRESCRIBED BY:	LAST TAKEN WHEN?	

NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION:	DOSE	HOW OFTEN	LAST DOSE DATE/TIME