

COASTAL HEALTHCARE

PATIENT'S MEDICATION FORM – Completed by Patient/Guardian.. Please Print

Name: _____ Phone #: _____ DOB: _____

Emergency Contact Name & Phone # _____

ALLERGIC TO:	Describe reaction:

Do you prefer generic if it is recommended and available? _____ YES _____ NO

LIST ALL *Prescribed Medication and dosage *Over the Counter meds *Vitamins	Frequency: (i.e. daily, twice daily, every M-W-F etc)	What time of the day do you take this medication?				Name of doctor that prescribed the medication	Stop Date
		Morning	Noon	Supper	Bedtime		

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____

COASTAL HEALTHCARE Medication Info

PATIENTS:

1. **Always keep this form with you.**
2. Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, etc). Take this form to ALL assessment visits for admission for surgery and ALL hospital visits (ER, in-patient and out-patient visits)
3. Update this form as changes are made to your medications. If a medication is stopped, record the date it was stopped. Remember, it's very important to include non-prescription medicines (over the counter drugs) on your Medication Form. Some herbal supplements can have dangerous side effects with prescription medicines.
4. Tell your family, friends and neighbors about the benefits of using this form.
5. When you return to your doctor present this form. **Always keep this form with you.** This will keep everyone up-to-date on your medications.

HOW DOES THIS FORM HELP YOU? By using this form, it:

1. Reduces confusion and saves time. You do not have to remember all the medications you are taking, the form does this for you.
2. Improves communication. Provides doctors and hospitals with a current list of ALL of your medications. Let's the patient and/or family know exactly what medications are to be taken and when.
3. Improves Medication Safety. Medication interactions and duplications can be detected and corrected.

MEDICATION REFILLS:

- *Medication refills are done electronically. You will no longer receive a written script from the office. No need to come to the office and pick up your script! EXCEPTION: Certain class medications will require a written script to be picked up at the office.*
- *Refills requests: You should call your pharmacy, not the office, for medication refills. Your pharmacy or mail order supplier will then contact our office directly with all the information needed to fill your prescription. (correct medication name, dosage, etc)*
- *We request that each patient complete the medication log and bring it with them each visit for review by the doctor.*
- *Allow 2 business days for your pharmacy to process your prescriptions.*