

Example of a Medication History Worksheet

Patient Name: _____ **DOB** _____ **GENDER** _____

MRN _____ **Height:** _____ **Weight:** _____ **HR:** _____ **BP: (L)** _____ **(R)** _____

Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

Prescription Insurance or Payment Method: _____

Pharmacy Used: _____

Medical History (Indicate year of diagnosis:

_____ Hypertension	_____ Diabetes	_____ Hyperlipidemia	_____ CAD
_____ Asthma	_____ COPD	_____ Osteoporosis	_____ GERD
_____ Depression	_____ Anxiety	_____ Hyperthyroidism	_____ Hypothyroidism
_____ Osteoarthritis	_____ Other _____		

MEDICATION ALLERGIES AND INTOLERANCES		
Agent	Reaction	Date Occurred

Example of a Medication History Worksheet

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SOCIAL SUBSTANCES			
Type	Substance	Current Use and Frequency	History of use
Caffeine			
Tobacco			
Alcohol			
Illicit Substances			

IMMUNIZATION STATUS		
	DATE LAST RECEIVED	CIRCLE IF APPLIES
INFLUENZA		Unknown OR Never
PNEUMOCOCCAL		Unknown OR Never
TETANUS		Unknown OR Never

NOTES: _____
