

Patient Medication History Form

This form can also be found at www.uwmedicationlist.org

The medicines you take are part of your health information. Please fill out this form (or have your caregiver complete it) and discuss it with your medical provider. If you need more space to list your medicines, ask for another form. Please do not write on the back of this form.

Patient Name: _____ Page #: _____

■ Allergies

Name of Substance (drug or food)	Type of Reaction
<input type="checkbox"/> Check if none	

Do you react to latex or rubber (gloves, balloons, etc) with a rash, wheezing, etc.? Yes No

For female patients ONLY: Are you currently pregnant? Yes No

Are you considering becoming pregnant? Yes No

Are you currently breastfeeding? Yes No

■ Current Medications

Prescription Drugs (such as Atenolol, eye drops, creams)	Strength (such as 50 mg)	Directions (such as 2 tablets in the a.m.) <i>Check box if taken only as needed.</i>	Prescribed By (such as John Doe, MD)
<input type="checkbox"/> Check if none			
		<input type="checkbox"/>	

Over-the-Counter Medications (such as aspirin)	Strength	Directions (such as for headaches, when needed)
<input type="checkbox"/> Check if none		

Herbs, Vitamins, Minerals, Etc. (such as St. John's Wort)	Strength	Directions (such as one tablet each day)
<input type="checkbox"/> Check if none		

Pharmacy Name: _____ Phone #: _____

STAFF ONLY	<input type="checkbox"/> Medication list reviewed prior to any change/deletion/addition by licensed provider
	<input type="checkbox"/> Yes – Pre-Surgery (Yellow) Packet or Return clinic visit within one week?

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

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**DO NOT SCAN OR UPLOAD
TO THE MEDICAL RECORD**

WHITE – OUTPT: PATIENT COPY
CANARY - PHARMACY
WHITE – H&P OR PRE-SURG PKT