

Admission Medication History Form

Patient Name: _____

UCLA Medical Record Number: _____

Dear Patient,

Please list all the medications that you are currently taking at home. Please include prescription medications, non-prescription medications (over-the-counter), vitamins, herbals and vaccination information if available.

Allergies: _____ Ht: _____ Weight: _____

Prescription Medications			For UCLA use only Healthcare Provider Review		
<input type="checkbox"/> Not taking any medications at home.					
Medication	Dose	Directions for Use (how often are you taking it?)	Continued on admit	Reconciliation Needed/ Done	Drug supply available at home
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Over the Counter Medications/Vitamins/Herbal Agents/Vaccines					
1.					
2.					
3.					
4.					
Immunization Status:	Influenza: _____	Last Received: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> never	
	Pneumococcal: _____	Last Received: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> never	
	Tetanus: _____	Last Received: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> never	

Patient Signature: _____ Date: _____

Below is for UCLA use only:

Notes: _____

Pharmacist (Print) Name: _____ Date: _____ Time: _____

Pharmacist Signature: _____ Pager: _____

Note: PTU RN – please fax to OR pharmacy x 48118

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PLACE form at the front of the PROGRESS NOTE SECTION of the Medical Record