

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