



Patient Medication History List



Name: _____ Date of Birth: _____

Allergies (medication, dye, food, latex): _____

Pharmacy Name & Telephone No: _____

G.P. Name & Telephone No: _____

If you are taking no medication at home please tick here

For Hospital use only
Please affix patient's
addressograph

Patient/patient's carer/relative					For Hospital use only								
					Admitting doctor						Pharmacist		
					To be continued?		To be used per drug for corrections and additions only.				To be used per drug for corrections and additions only.		
Name of Medication	Dose	Frequency	Route	Y	N	Sign	IMC	Date	Time	Sign	Date	Time	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
Admission nurse (signature below indicates all details above have been reviewed)					Medication was reconciled by:						Further check performed by:		
Signature	Date		Time		Signature	IMC	Date	Time		Signature	Date	Time	

List any other medication which you have taken within the last 4 weeks not included in the list above

Signature of patient/carer or relative: _____ Date: _____

Comments – for hospital use only



BON SECOURS HOSPITAL
College Road, Cork

Patient Medication History List

Information for Patients attending the Bon Secours Hospital Cork – What we need to know about your medication

To help us to know what medication you are currently taking or have recently taken can you complete the list on the other side of this page for us, before you come into hospital? This list will be used during your admission by nursing and medical staff and will form part of your medical record. If you need help completing this your G.P. or your community pharmacy may be able to help or may be able to give you a printout which you can bring with you to hospital. Can you also bring your current medication into hospital with you?

What we need to know?

- We need a list of the medications you are taking, the strength or dosage and how many you take and how often you take them
- We also need to know any medications you were taking in the past four weeks even if you are no longer taking them.
- Can you list any allergies that you may have?
- Can you give us the name and contact details of your community pharmacy and family doctor?

Don't forget to include

- inhalers/nebules
- eye/ear/nasal drops
- creams/ointments and medicated patches
- suppositories/pessaries
- oral contraceptives/hormone replacement therapy
- over-the-counter medicines for e.g. pain or allergies
- vitamins and minerals
- nutritional supplements and herbal products