

# Patient Medication List



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies (medications, dye, food, latex): \_\_\_\_\_

Pharmacy Name & Telephone No: \_\_\_\_\_

G.P. Name & Telephone No: \_\_\_\_\_

For Hospital use only  
Please affix patient's  
addressograph

If you are taking no medication at home please tick here

	Name of Medication	Strength of Medication	How many do you take and how often do you take? (e.g. do you take 2 tablets in the morning or one tablet twice a day)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

List any other medication which you have taken within the last 4 weeks of admission

**Signature of patient/carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For hospital use only

Admission nurse (signature below indicates all details above have been confirmed as accurate)			
Signature	Date	Time	
Admission doctor (signature below indicates medications on admission have been validated and compared with the initial prescription)			
Signature	IMC No.	Date	Time
Comments (omissions/inaccuracies on the list or intentional omissions/alterations on prescription)			

**This document is to be filed in the patient's notes by affixing it to the Kardex**

# Patient Medication List



**BON SECOURS HOSPITAL**  
College Road, Cork

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

To help us to know what medications 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

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