

ADMISSION MEDICATION HISTORY FORM

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: _____ Height: _____ Weight: _____

Prescription Medications (Please write clearly using ink.)				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? For example: once daily, twice daily)	Time/ Date of last dose	Continued on admit	Reconcil- iation		Drug supply/ at home
					Needed/	Done	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Over the Counter Medications/Vitamins/Herbal Agents/Vaccines							
1.							
2.							
3.							
4.							

Immunization Status:	Influenza: _____ Pneumococcal: _____ Tetanus: _____	Last Received: _____ Last Received: _____ Last Received: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input type="checkbox"/> never <input type="checkbox"/> never <input type="checkbox"/> never	Pediatrics: Immunizations Up to Date <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 x73660

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