

## ADMISSION MEDICATION HISTORY FORM

MRN: Patient Name:	
	(Patient Label)

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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.

Prescription Medications (Please write clearly using ink.)    Not taking any medications at home.	Allergies:				Height: Weight:				
Medication  Dose  Directions for Use (How often are you taking it? For example: once daily, twice daily)  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 Influenza: Last Received: Unknown ever tetanus: Penumococcal: Last Received: Unknown ever tetanus: Date: Time: Every Notes:  Date: Time: Every tetanus every time: Every Notes:						Healthcare Provider			
2.	Med	dication	Dose	(How often are you taking it?	Date of last	home home home home home		Drug supply at home	
3.	1.								
4.	2.								
5.	3.								
6.	4.								
10.	5.								
8. 9. 10. 11. 12.	6.								
9.	7.								
10.	8.								
11.   12.	9.								
Over the Counter Medications/Vitamins/Herbal Agents/Vaccines  1	10.								
Over the Counter Medications/Vitamins/Herbal Agents/Vaccines  1.	11.								
1. 2. 3. 4.  Immunization Influenza: Last Received: Unknown never Status: Pneumococcal: Last Received: Unknown never Unknown never Unknown never Tetanus: Last Received: Unknown never Tetanus: Last Received: Unknown never Time:  Patient Signature: Date: Time:  Below is for UCLA use only: Notes:  Pharmacist (Print) Name: Date: Time:	12.								
2.  3.  4.  Immunization Influenza: Last Received: Unknown never Status: Pneumococcal: Last Received: Unknown never Immunizations Up to Date Unknown never Unknown never Mediatrics: Immunizations Up to Date Immunizations Up to Date Date: Date: Time: Pediatrics: Immunizations Up to Date Date: Date: Time: Date: Time: Date: Time: Date: Date: Time: Date: Date: Date: Date: Date: Date:	Over the Cou	unter Medicatio	ns/Vitamin	s/Herbal Agents/Vaccines	,				
3.  4.  Immunization Influenza: Last Received: Unknown never Status: Pneumococcal: Last Received: Unknown never Immunizations Up to Date Tetanus: Last Received: Unknown never No Unknown never Tetanus: Last Received: Date: Time:  Patient Signature: Date: Time:  Below is for UCLA use only: Notes:  Pharmacist (Print) Name: Date: Time:	1.								
Immunization Influenza: Last Received: Unknown never Status: Pneumococcal: Last Received: Unknown never Immunizations Up to Date Unknown never Wes No Unknown never Mediatrics: Immunizations Up to Date Unknown never Mediatrics: Immunizations Up to Date Date Immunizations Up to Date Immunizations Up to Date Date: Time:	2.								
Immunization       Influenza:       Last Received:       Unknown       never       Immunizations Up to Date         Status:       Pneumococcal:       Last Received:       Unknown       never       Immunizations Up to Date         Tetanus:       Last Received:       Unknown       never       Yes       No       Unknown    Patient Signature:         Date:       Time:         Below is for UCLA use only:         Notes:       Date:       Time:	3.								
Status: Pneumococcal: Last Received: Unknown never Immunizations Up to Date   Tetanus: Last Received: Unknown never Yes No Unknown    Patient Signature:  Date:  Time:  Pharmacist (Print) Name:  Date:  Time:  Time:  Time:  Date:  Date:  Time:  Date:	4.								
Below is for UCLA use only: Notes: Date: Time:	Status: F	Status: Pneumococcal: Last Received:		Unknown never	Immuni	izations Up to Date			
Below is for UCLA use only: Notes: Date: Time:	Patient Signatu	re:		Date:	т	ime: _			
		se only:						_ <b>-</b>	<u></u>
					Time:				

Note: PTU RN – please fax to OR pharmacy x48118

While patient is in-house, PLACE form at the front of the PROGRESS NOTE SECTION PART OF PERMANENT MEDICAL RECORD