ALABAMA ONCOLOGY®

Medications

Patient Name:	Date of Birth:	Today's Date:
Preferred Pharmacy:	Pharmacy Location:	Pharmacy Telephone:

Medication Allergies (Describe Reaction)	Medication Allergies (Describe Reaction)

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: Lortab).

Date	Name of Medication/Dose	Directions	Prescribing M.D.

Consent to Obtain Medication History

An accurate medication history is very important to helping us treat you properly. Your medication history provides Alabama Oncology with information about your current and past prescriptions. This allows Alabama Oncology to be better informed about potential medication issues and to use that information to improve safety and quality. Medication history data can indicate: compliance with prescribed regimens; therapeutic interventions; drug-drug and drug-allergy interactions; adverse drug reactions; and duplicative therapy.

The list of medications is collected from a variety of sources, including your pharmacy and your health insurer. It is a useful guide, but it may not be completely accurate. Your medication history might not include over the counter medicines, supplements or herbal remedies. It is still very important for you to provide us with a list of all of the medications you are taking, and for you to point out to us any errors in your medication history.

I give permission for Alabama Oncology to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.

I understand that this consent to obtain medication history will be valid and remain in effect as long as I receive services from Alabama Oncology, unless revoked by me in writing.

Signature_____ Date_____