

## Example of a Collection Tool for a Medication History

Local  
Pharmacy:

Admit From:

Transfer From:



Age \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ lb \_\_\_\_\_ kg

**Allergy / Adverse Drug Reaction (ADR):** Prompt patient regarding aspirin, sulfa, penicillins, cephalosporins. Indicate name of medication, reaction, and recent exposure. \_\_\_\_\_

**Non-Drug Allergies:** Prompt patient regarding latex, tape, IV contrast, food. \_\_\_\_\_

**Current Medications:** Prompt patient regarding herbals/supplements, hormones, inhalers, insulin, ophthalmics, oral contraceptives, otics, over the counter medications, study drugs and significant past medications.

Medication Name	Dose	Route	Regimen	Doses Today or Last Dose	Indication	Duration	Started at Outside Hospital (Check if Yes)
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# Not for Reproduction

Significant past medications: \_\_\_\_\_

**Immunization Status:** Influenza: Last received \_\_\_\_\_ ☐ unknown ☐ never    Pneumococcal: Last received \_\_\_\_\_ ☐ unknown ☐ never  
Tetanus: Last received \_\_\_\_\_ ☐ unknown ☐ never

**Stored Meds:** ☐ No ☐ Yes    Indicate Location: \_\_\_\_\_

**Fall Risk Assessment:** Does patient take anti-epileptic drug or benzodiazepine? (RN document on Fall Risk Assessment Tool) ☐ No ☐ Yes

**Warfarin Assessment:** Followed by: ☐ Anticoagulation service (Contact UWHC Anticoag 3-8475). ☐ Primary care provider ☐ Other ☐ N/A

**Reported Substance (Current and/or Past) Use:** Tobacco ☐ No ☐ Yes \_\_\_\_\_ (Does patient want nicotine replacement?)

Alcohol ☐ No ☐ Yes \_\_\_\_\_ (If significant recent use, notify MD regarding potential AODA protocol)

Recreational drug ☐ No ☐ Yes \_\_\_\_\_

**Source of Information:** ☐ Patient ☐ Family/Guardian ☐ Pharmacy \_\_\_\_\_ ☐ UW Records ☐ Other \_\_\_\_\_

**Comments concerning Patient Compliance/Learning Barriers/History Reliability:** \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_