Tufts Medical Center

OUTPATIENT MEDICATION LIST

PATIENT'S NAME ______________________

MED. REC. # ______________________

DOB ____/____/____

DATE OF VISIT ____/____/____

Please check all that apply.

Source of Information: ❑ **Patient** ❑ **Family** ❑ **Other** ______________________

HOME MEDICATIONS: *List **all** of the prescription and over-the-counter medications taken at home* (including ***cold medications, herbals, vitamins and nutritional supplements***).

Medication or Supplement	Dosage	Route	Frequency	Last Time Taken
❑ **Patient takes no medications**				
❑ **Allergies to medicine. Please list** ______________________				
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	

NEW MEDICATIONS: Below is a list of additional medications and/or changes to the medications listed above.

New Medications and/or Medication Changes	Dosage	Route	Frequency	Comments *(e.g., as-needed indication, reason for use, follow-up actions)*
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	
		❑ Pill ❑ Injection ❑ Liquid ❑ Inhaler ❑ ________	____ times daily Every ____ hours	

Please use this Outpatient Medication List, along with the Discharge Instructions and any prescriptions provided.

NOTE: Your medication list has been updated to the best of our ability based on the information provided to us during your visit. Always carry a list of current medications with you in case of an emergency. Provide an updated list to your Primary Care Physician or any provider who prescribes you medication. Remember to keep your list updated. Include all over the counter medications such as vitamins and herbals. Discard all old medication lists.

IF YOU HAVE ANY QUESTIONS OR FEEL THIS LIST MAY BE INCORRECT, CALL the DOCTOR who prescribed the medicine BEFORE MAKING ANY CHANGES TO YOUR MEDICATION ROUTINE.

❑ Check here if additional Outpatient Medication Lists are used

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Dear Patient:

In order to provide you with safe and effective care, it is important for us to know what medications you are currently taking. Please take some time to complete this form, listing all the medications you are now taking. Please include not only **prescription medications,** but also any **over-the-counter medications** (e.g., **Tylenol, Advil, allergy medications) nutritional supplements** (e.g., **vitamins, minerals, glucosamine) herbal medications** (e.g., **ginko biloba, black cohosh).** If there are any medications that have been prescribed for you but you are not currently taking, please be sure to inform your provider at your clinic visit. Thank you in advance for helping us to provide you with safe and effective care.

TUFTS MED DM (REV 05/11)