Patient Self Report Home Medication List

Information Source: ☐ Patient/family ☐ Pharmacy: _____ ☐ Previous record
☐ Patient Med List ☐ Primary Care Physician List ☐ Other: _____

Allergies (medication/food/latex):

☐ Patient is taking no medications/supplements ☐ Unable to obtain medication list due to: _____

Clearly list all Prescription and over the counter (OTC) medications/supplements/herbal preparations.
Do Not Use Medical Abbreviations

Date/Time	Medication	Dose	Frequency	Last Dose Taken (if applicable)	Special Instructions

MEDICATIONS CHANGED ON THIS VISIT BY THE PHYSICIAN:

Post Treatment Medications (if applicable): Page ____ of ____

☐ No change to home medications
☐ Additional prescriptions provided. See above.
☐ Changes to home medications. See above.

Initiated (signature): _____ Date/Time: _____

Completed (signature): _____ Date/Time: _____

Please bring this list with you to all clinic/doctor visits

Date	Change	No change	RN/L PN

North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, MO
64116-3220
(816) 691-2000

PLACE PATIENT LABEL HERE

Patient Self Report Home Medication List