

ROOSEVELT SURGICAL ASSOCIATES, INC
www.rooseveltsurgical.com

Additional Current Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Consent to Obtain Patient Medication History

Patient medication history is a list of prescription medicines that our practice providers or other providers have prescribed for you. A variety of sources, including pharmacies and health insurers contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of our personal medical record. Medication history is very important in helping healthcare providers treat your symptoms and/or illness properly and in avoiding potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to insure that your recorded medication history is 100% accurate. Some pharmacies do not make drug history information available, and your drug history might not include drugs purchased without using your health insurance. Also over the counter drugs supplements or herbal remedies that patients take on their own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.

Patient/ Parent/ Guardian Signature

Date

By signing this consent form you are giving your healthcare provider permission to collect, and giving your pharmacy and your health insurer permission to disclose information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.

For refill of prescriptions please provide your Preferred Pharmacy and Location:

Preferred Pharmacy Name: _____

Location of Pharmacy: _____