Southwest Surgical Suites

PATIENT MEDICATION RECORD

Data Source: ☐Patient ☐Family ☐ Pharmacy & Ph. No:

MEDICATION REACTIONS & ALLERGIES							Sensitive to: (Circle all that apply)
Medication ☐NONE	Reaction						
	Allergy	Side Effect	Skin	Resp	GI	Other (Specify)	None
							Latex
							Eggs
							Nuts
							Iodine
							Bananas
							Soaps
							Soy products
							Tapes

CURRENT MEDICATIONS

List below all of the patient's medications including over-the-counter and herbal medications.

To be completed on discharge by Physician

Medication Name	Dosage	Route	Frequency (when)	Indication (Why taking med)	Date/Time of Last Dose	Continue Resume as pre-op	Do Not Continue
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐
		☐ By mouth ☐ ________	☐ ______Times daily ☐ As needed ☐ ________			☐	☐