

# FORM FOR OBTAINING PATIENT INFORMATION PRIOR TO APPOINTMENT

|                     |       |               |
|---------------------|-------|---------------|
| Name                |       | Date of Birth |
| Address             |       |               |
| City                | State | Zip Code      |
| Insurance           | ID #  |               |
| Date Form Completed |       |               |

**MEDICAL HISTORY** (Please list any medical condition that you have or have had in the past.)

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**CURRENT MEDICATIONS** (Include all medicines: prescribed, over-the-counter, dietary supplements, and herbal medications.)

| Name/Strength                     | How Is It taken?    | What Is It For? | For How Long? |
|-----------------------------------|---------------------|-----------------|---------------|
| Example: Furosemide (Lasix) 20 mg | 1 tab every morning | Blood pressure  | 2 years       |
|                                   |                     |                 |               |
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| Name/Strength               | How Is It Taken?  | What Is It For? | For How Long? |
|-----------------------------|-------------------|-----------------|---------------|
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
| <b>ALLERGIES</b>            |                   |                 |               |
| Medication                  | What Happened?    |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
| <b>DOCTOR INFORMATION</b>   |                   |                 |               |
| Doctor Name                 | What Type Doctor? | Phone #         |               |
| Example:<br>Dr. Marie Shore | Cardiologist      | 555-555-0000    |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
|                             |                   |                 |               |
| <b>PHARMACY NAMES</b>       |                   |                 |               |
| Main Pharmacy               |                   | Phone #         |               |
|                             |                   |                 |               |
| Other Pharmacies            |                   | Phone #         |               |
|                             |                   |                 |               |
|                             |                   |                 |               |

Source: Shelton P, Daiello L. The patient interview: techniques and confidentiality. In: Kaldy J, Saxton C, Cameron KA, eds. *Developing a Senior Care Pharmacy Practice*. Alexandria, VA: American Society of Consultant Pharmacists; 2004.