

# Patient Medication Profile



1620 Century Center Pkwy | Memphis, TN 38134-3838 | 800.803.2523

At Accredo, your safety is important to us. That's why we ask you to provide a current list of your allergies, as well as any medications (prescription, non-prescription, physician samples and/or vaccines) or other over-the-counter products (herbal, vitamin and dietary supplements) you are taking. This will help us monitor your therapy for potentially harmful drug interactions and/or side effects. If you have any questions for your pharmacist or would like to discuss updates to your medication profile, please contact us at 800.803.2523 or the number on your prescription label.

**Please complete this entire form and return in the postage-paid envelope provided.**

Patient first name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Start date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female Pregnant/lactating?  Yes  No

**Drug allergies (Please check all that apply):**

- No known allergies
- Ampicillin
- Bactrim®
- Ibuprofen
- Cipro®
- Latex
- Prochlorperazine
- Aspirin
- Epinephrine
- Tetracycline
- Penicillin
- Amoxicillin
- Demerol®
- Talwin®
- Cefaclor/cephalexin
- Valium®
- Phenobarbital
- Sulfa
- Clarithromycin
- Tylenol®
- Codeine/Percocet®

**Other drug or food allergies:** \_\_\_\_\_

Are you on oxygen?  Yes  No If yes, flow rate: \_\_\_\_\_

**Medical conditions (Please check all that apply):**

- Diabetes
- Kidney dysfunction
- Asthma
- Psychiatric disorder
- Thyroid
- Hypertension
- Arthritis
- Gout
- Cystic fibrosis
- Depression
- Anxiety
- Glaucoma
- Cancer
- Heart disease
- Hepatitis/liver disease
- Epilepsy
- Multiple sclerosis
- High cholesterol
- HIV/AIDS
- Ulcer

Other medical conditions: \_\_\_\_\_

**Current medication profile (Please list all drugs and medical devices that you currently use):**

Medication/Device	Route	Dose	Directions

Would you like to speak to a pharmacist regarding your medication?  Yes  No