



840 Stevens Creek Road • Augusta, GA 30907
(706) 722-6957

HOME MEDICATION HISTORY

PATIENT NAME _____

DATE _____

COMPLETE ALL SECTIONS BELOW

HOME MEDICATION HISTORY & ORDER SHEET

| | | | |
|--|----------|--|----------|
| ALLERGIES * SENSITIVITIES/REACTIONS | | ALLERGIES * SENSITIVITIES/REACTIONS | |
| 1. _____ | 1. _____ | 3. _____ | 3. _____ |
| 2. _____ | 2. _____ | 4. _____ | 4. _____ |

| DRUG | DOSE | ROUTE | FREQUENCY | REASON FOR TAKING |
|------|------|-------|-----------|-------------------|
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OVER THE COUNTER MEDICATIONS

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HERBAL MEDICATIONS

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PHARMACY NAME: _____ PHARMACY PHONE #: _____