MERITUS HEALTH, INC

Behavioral Health Services
Patient Medication Record

PATIENT NAME:	Date:
PRIMARY CARE PHYSICIAN:	Fax Number:
SPECIALISTS NAME(s):	
PHARMACY NAME:	
ALLERGIES (FOOD/MEDICATION):	
ADVERSE REACTIONS:	

MEDICATIONS PRIOR TO STARTING TREATMENT
and PATIENT REPORTED CHANGES FOR OTHER PROVIDERS

MEDICATIONS − including dietary supplements, herbals, inhalers and over the counter medications	How Much	How Often	Oral Nasal Inhale Inject	Doctor Giving Med	Changes and Dates

Patient Signature:
RN Signature:

NOTE: Information is based on patient report and we are unable to assure the accuracy of medications prescribed by other providers.

PLACE LABEL HERE

Reviewed:
Revised: 10/2007
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