



## Medication History Consent Form

Name:	DOB:	Date:
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On behalf of Northwest Anesthesiology & Pain Services, PA my provider:

\_\_\_\_\_ has educated me regarding medication that has been prescribed to me regarding the benefits and possible side effects of this medication, possible drug, and/or food interactions that may occur while taking this medication, and the possible effects of this medication if the person taking this medication becomes pregnant. I have also been informed of the reason or purpose for which this medication was prescribed.

I also provide consent to my prescriber to have access to my past prescription history.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- It is recommended that women who are or may become pregnant, or are breast-feeding, discuss this with their doctor **BEFORE** taking any medication.
- It is recommended that patients be educated on reporting all side effects they experience, including, but not limited to, which side effects to report **IMMEDIATELY** to a health care provider
- It is recommended that any provider prescribing medications to obtain a thorough patient history that should include (but not limited to):
  1. What medication including prescribed over-the-counter medications, the patient is or has been taking
  2. What food and drug allergies the patient has
  3. What medical conditions the patient has
- Patient (or guardian) has verbalized understanding of medication education