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HIGHLAND HOSPITAL
PATIENT HOME
MEDICATION LIST

HH 10867F MR

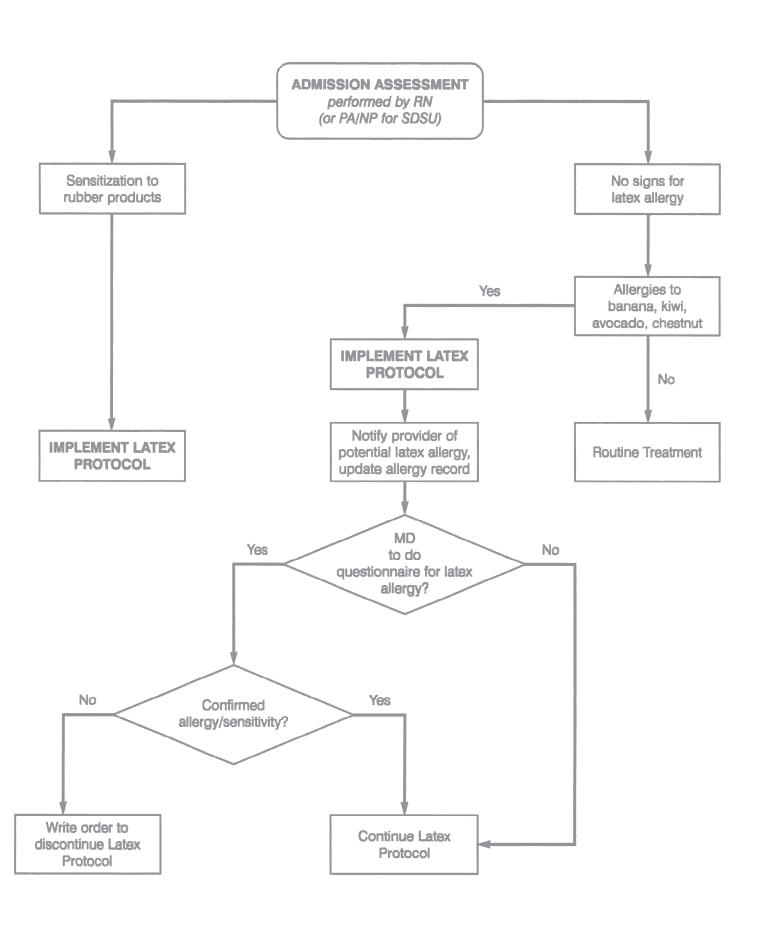
Inpatient
Outpatient
FD

Patient Name:

Bring this form with you to the hospital - DO NOT MAIL

<i>.</i>				
Allergies: Drug/Foods (eggs/nuts)		List Reactions/ Side Effects	Other Allergies	List Reactions/ Side Effects
□ None			Latex/Rubber Product	S
			(banana, kiwi, avocado, chestnut)	
			□ None	
			Iodine (Contrast dye,	
			Shellfish)	
			□ None	
Date of Pneumovax vaccine			Seasonal/	
Date of Influenza vaccine			Environmental/Animal	
If any allergies, apply red al			Tor latex allergy, refer t	to algorithm on back
	nergy bracelet		or latex allergy, refer t	o algorithin on back
☐ Patient is Breastfeeding				
☐ Patient is Pregnant —		Height:	ft/inches	cm
Taking no medications at		Weight:	lbs	kg
Unable to obtain medication	•		☐ Patient ☐ Spouse	☐ Wallet Card
Reason:		Source:	☐ Brought medications	
			☐ Other (Specify):	
Facility/patient list attached				
Pharmacy used:			erified with prescriptions	
		Medications s	sent: \square home \square to p	harmacy \square not prese
PLEASE LIST ALL MEDICA	TIONS YOU ARE C	URRENTLY TAKING (s, Over-The-Counter, Oxygen)
PLEASE LIST ALL MEDICA	TIONS YOU ARE C	URRENTLY TAKING (Including Prescriptions	s, Over-The-Counter,
PLEASE LIST ALL MEDICA Herbals, Patch	ATIONS YOU ARE C hes, Inhalers, Eye D	URRENTLY TAKING (Props, Supplements, \	Including Prescriptions /itamins, Aspirin and C Last Taken Date/Time	s, Over-The-Counter, Oxygen) DISCHARGE (Outpatient Only Completed by Provider
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If any allergies, apply red al			Tor latex allergy, refer t	to algorithm on back
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☐ Patient is Pregnant —		Height:	ft/inches	cm
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Unable to obtain medication	•		☐ Patient ☐ Spouse	☐ Wallet Card
Reason:		Source:	☐ Brought medications	
			☐ Other (Specify):	
Facility/patient list attached				
Pharmacy used:			erified with prescriptions	
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