



Public Health Pharmacist Clinic of Albuquerque NM

The First Medication Screening Form

Date started.....

Name:		Address:	
Phone Number:			
Birth Date:			
Emergency Contact/Phone numbers:			
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)			
TETANUS		FLU VACCINE(S)	
PNEUMONIA VACCINE		HEPATITIS VACCINE	OTHER
Allergic To /Describe Reaction:		Allergic To /Describe Reaction:	
Disease conditions:			

1. LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

Date	NAME OF MEDICATION / DOSE	DIRECTIONS:		Notes: Reason for taking / Doctor Name
		Use patient friendly directions. (Do not use medical abbreviations.)	Side effects	

The Pharmacist will pair each prescribed medication to a disease state of the client, using this form.