SURGICAL CARE AFFILIATES **THE SURGICAL CENTER AT TENAYA**

PATIENT HOME MEDICATIONS

Please list all medications with the drug name, dose taken, frequency taken and the time of your last dose. This is important in assisting physicians and staff in determining the correct dose of medication to be given or prescribed.

☐ **NKDA**

KNOWN ALLERGIES: _____

DRUG	**DOSE**	**FREQUENCY (DIRECTIONS)**	**LAST DOSE TAKEN**

FOR STAFF USE:

INFO SOURCE:
Patient ___
Caregiver ___
Nurse ___ Initials _____

NEW MEDICATIONS PRESCRIBED:

_____
_____
_____
_____

- A copy of this form should be given to the patient, if new medications are prescribed, to carry with them and be given to all health care providers.

Patient Sticker