Medication History Consent Form

Consultants In Pain Medicine, P.A. has adopted an electronic medical record system in order to improve the quality of our services. This system also allows us to collect and review your "medication history." A medication history is a list of all prescription medicines that we or other doctors have prescribed for you. This list is collected from a variety of sources including: your pharmacy, your health insurer and other healthcare providers. An accurate medication history is very important in helping us treat you properly and avoiding potentially dangerous drug interactions.

By signing this consent form you give us permission to collect, give your pharmacy and your health plan permission to disclose information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health conditions such as depression. This information will become part of your medical record.

This medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make medication histories available to us and the medication history from your health plan might not include medication that you purchased without using your health insurance. Your medication history might not include over the counter medicine, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking and for you to point out and report any errors in your medication history to our staff.

PATIENT ACKNOWLEDGEMENT

By signing below, I	(print name and date of
birth) give permission for CONSULTANTS IN PAIN MEDICINE, P.A.to obtain my medication history from my pharmacy, my health plans and other healthcare providers.	
Patient	
Signature	Date:
For Internal office use:	
Consent updated	
by:	Date:
(Patient demographics-misc tab)	

*****scan this form into Docman folder "Medication History Consent****