

# Medication History Worksheet



Patient safety is a top priority at SickKids. It's important for us to know what medications patients are taking at home so that we can make sure they are getting the right medications while in hospital. If the patient is unable to complete this worksheet themselves, a parent/guardian is asked to help.

If you are having trouble filling in this worksheet these tips may help:

- 1. Call home** - Can someone at home bring the patient's medications to the hospital or read the labels to you over the phone?
- 2. Give us a medication list** - Do you already have a list of the medications that you can give to the doctor/nurse/pharmacist?
- 3. Tell us who to call** - Do you know the name, location or phone number of the pharmacy where the prescriptions are filled? Do you know the name or phone number of the patient's family doctor?

Name of the person filling out the worksheet: _____	
Relationship to patient: _____	
Patient's name: _____	Date of birth: / Y / M / D /
Name of patient's family doctor/paediatrician: _____	
Phone: _____	Fax: _____
1. Patient's pharmacy name/location: _____	
Phone: _____	Fax: _____
2. Patient's pharmacy name/location: _____	
Phone: _____	Fax: _____

## Medication Allergies

Name of medication patient is allergic to	Reaction (describe what happens when patient takes this medication)

## Medication Safety Tips

Be part of the health-care team; use these tips to help us reduce the risk of medication errors:

- **Ask questions**
- **Bring the medications** to the hospital and all health-care appointments
- **Keep a list of the medications** and give it to the doctor/nurse/pharmacist
- **Know the medications** and why they are taken
- **Tell us about all of the medications** including medications prescribed by the doctor, over-the-counter medications and/or herbal remedies
- **Tell us of any medication allergies** and what happens if the medication is taken
- **Do not stop medications** without talking to the doctor
- **Tell us about any side effects** or problems noticed when taking any medications

## Medication list

It is important to include all medications being taken, including those prescribed by a doctor and over-the-counter medications. Remember to include creams, drops, inhalers, vitamins, supplements and herbal remedies.

Name of medication	How much is taken (preferably in mg or mcg, # of pills)	What time it's taken (morning, 9 a.m., lunch time, at bed time etc.)	Why it's taken (for example for fever, for wheezing, for allergies etc.)	How it's taken (for example with food, crushed, mixed in applesauce)	Last time it was taken

Thank you for completing the medication history worksheet.  
Please give the form to the doctor, nurse or pharmacist to review.