

Medication History Record

Name: _____ Date of Birth: _____

Address: _____

Tel: (home) _____ (mobile) _____

Allergies

Current prescription medications used:

Name of Medication	Dosage	Frequency	Prescribed For

Prescription medications not being used currently, but used anytime in the past 3 months:

Name of Medication	Dosage	Frequency	Reason for Stopping

Any non-prescription medications used in past 3 months:

Symptom	Medication & Dosage	Frequency	Side effects
Pain / Headaches			
Diarrhea or constipation			
Nausea			
Heartburn			
Cough / Congestion / Sinus			
Allergies			
Sleeping Aid			
Skin problems			
Weight loss			
Anxiety / Depression			
Menstrual issues			
Menopause			
Vitamins / Herbs			

Notes/Comments: _____

ADENA EMERGENCY DEPARTMENT LOCATIONS

Adena Medical Center
272 Hospital Road
Chillicothe, Ohio 45601
740-779-7500

Adena Pike Medical Center
100 Dawn Lane
Waverly, OH 45690
740-947-2186

Adena Greenfield Medical Center
550 Mirabeau Street
Greenfield, Ohio 45123
937-981-9400

www.adena.org/er



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