



Royal Victoria Eye and Ear Hospital

PATIENT NAME:

DATE OF BIRTH:

CURRENT MEDICATION LIST

Dear Patient,

It is important that our doctors and other medical staff are aware of your current medication to avoid possible errors or delays when you are admitted. Please complete this form in BLOCK CAPITALS. If you are unsure of any medication you are currently taking please ask your community pharmacist or GP to help you.

Give this completed form to your doctors or their nursing staff at outpatient appointments, or pre-assessment clinical appointments, or on admission. Try to update this list each time you are to attend hospital.

Please provide any important instructions that need to be noted (e.g., recent change in medication regimen, allergies, etc.)

Please write the name of your GP and community pharmacy below.

GP Name and Address:

Pharmacy Name and Address:

Date of Appointment or admission

I am allergic or sensitive to (please name the medication and describe the reaction you had)

Remember to include any inhalers, sprays, creams, herbal remedies, vitamins and any non-prescription medicines you use regularly e.g. Paracetamol.

Date of this entry	Name of medication – either the brand name or drug name	How it comes e.g. tablet, inhaler, patch etc.	Strength e.g. 10mg tablet, 25mg patch	Dose i.e. how much you take and how often e.g. two tablets twice daily	Do you take it all the time or only when you need it?

This list should be maintained by the patient and brought with them in to hospital for all appointments and admissions. Please keep a dated copy in the patient medical records.