

# Client Medication Profile

Please complete a separate form for each pharmacy client. List all current medications, prescriptions and any over-the-counter items the client is currently taking. Fax the completed form to Beacon pharmacy at 888-433-2962. Thank you.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Are you allergic to latex? ( ) yes ( ) no

Remember to let us know when your current medications or drug allergies change. Please call your HoG nurse or the Beacon pharmacist or go to [www.beaconpharmacy.net/MedForm](http://www.beaconpharmacy.net/MedForm) to download the Client Medication Profile form.

<b>Current Medications</b> (Name of drug as it appears on prescription label)	<b>Strength</b>	<b>Directions for use</b>

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Pharmacist's Signature