Southeast Florida Hematology-Oncology Group
954-776-1800

Medication List

Name	**Date of Birth**	**Sex (circle one)**		
		Male Female		

Address	**Phone Number(s)**	**Emergency Contact**
	Home:	Name:
	Work:	Relation:
	Mobile:	Phone:

Allergies (please describe reaction)		

Doctor / Dentist / Other Prescriber's Name	**Phone Number**	**Type of Practitioner / Reason for Seeing**

Pharmacy Name	**Phone Number**	**Street/City/State**

Electronic Prescriptions History ---Please read

I authorize Southeast Florida Hematology Oncology Group to view the history of medications prescribed from other physicians electronically.

Please sign:_____

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Medication List

LIST OF CURRENT MEDICATIONS:

List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, albuterol, nitroglycerin).

Medication (Brand and Generic Name)	Dose	How and How Often You Take the Medication	Reason for taking	Date Started	Prescriber

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