

CONSENT TO OBTAIN MEDICATION HISTORY

Patient ID: _____

As a user of an electronic medical record, we would like to include your medication history in your record. A medication history is a list of prescription medicines that we or other doctors have prescribed for you. This list is collected from several sources, including your pharmacy and your health insurance.

An accurate medication history is very important to help us treat you and to avoid potentially dangerous drug interactions. By signing this consent form you give us permission to collect, and give your pharmacy and your health insurance permission to give us information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health conditions, such as depression. This information will become part of your electronic medical record, should your provider feel it is important to your medical care.

This medication history is a useful guide, but it may not be complete. Some pharmacies do not make drug history available to us, and the drug history might not include drugs that you purchased without using your health insurance. Your medication history might not include over the counter medicines, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking, and for you to tell us about any errors in your medication history.

_____ **I give permission for Robert L. Potempa, D.P.M. Foot & Ankle, to obtain my medication history from my pharmacy, my health insurance and my other healthcare providers.**

_____ **I DO NOT give permission for Robert L. Potempa, D.P.M. Foot & Ankle, to obtain my medication history from my pharmacy, my health insurance nor my other healthcare providers.**

Print Patient Name Patient's

Date of Birth

Signature of Patient or Guardian

Relationship to Patient

Date