P3 Health Partners Medical Group

People. Passion. Purpose.

Consent to Obtain Patient Medication History

Patient Name: _____ DOB: _____

The purpose of this consent is for permission to obtain your medication history. Patient medication history is a list of prescription medicines that our providers or other providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribution to the collection of this history.

The collected information is stored in the practice electronic medical record system (EHR/EMR) and becomes part of your personal medical record. Medication history is very important in helping healthcare providers treat your symptoms and/or illnesses properly and in avoiding potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make drug history information available, and your drug history may not include drugs purchased without using your health insurance. Also, over-the-counter drugs, supplements and/or herbal remedies that patients take on their own may not be included.

By signing this consent form you are giving your healthcare provider permission to collect and giving your pharmacy and your health insurer permission to disclose information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to allow P3 Health Partners Medical Group to obtain my medication history.

Patient Signature: _____ Date: _____

Personal Representative: _____ Relationship: _____

Staff Signature: _____ Date: _____