



MEDICATION SUMMARY

Record No:

Surname:

Given Names:

DOB: Sex:

AFFIX PATIENT IDENTIFICATION LABEL HERE

PLEASE COMPLETE FORM IN **BLOCK LETTERS**. PROVIDE AS MUCH DETAIL AS POSSIBLE TO ALLOW US TO ENSURE YOUR SAFE & OPTIMAL CARE

Some medicines may need to be ceased prior to surgery and some may need to be continued. Whilst you are a patient at **Springwood Day Surgery** we will endeavour to ensure all medications prescribed for you are safe and appropriate. An important part of this process is to have an accurate record of all medication you are already taking. Please complete the following list taking care to include all prescribed, over the counter, herbal and vitamin products. If you have any problems completing this list please contact your GP or community pharmacy for assistance.

CURRENT MEDICATIONS

MEDICATION	STRENGTH	DOSE	REASON FOR TAKING	TAKING FOR HOW LONG
EG: ASPIRIN	100 mg	1 DAILY	THIN BLOOD	2 YEARS

MEDICATIONS STOPPED IN THE PAST 2 WEEKS

MEDICATION	STRENGTH	DOSE	REASON FOR TAKING	TAKING FOR HOW LONG
EG: WARFARIN	5 mg	1 DAILY	HEART VALVE	1 DEC - GP INSTRUCT

Springwood Day Surgery may need to contact your local healthcare providers to obtain or provide information (eg: Safety Net number or values, preadmission medication, discharge medication summary). If you consent to this, please provide contact details for the following health providers.

RETAIL / COMMUNITY PHARMACY:

RESPITE OR HOME NURSING SERVICE:

THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

PATIENT SIGNATURE: _____ DATE: _____