

# MEMORIAL HERMANN

Memorial Hermann Health System

## MEDICATION HISTORY CONSENT

### Medication History:

Up-to-date medication history information is very important in helping us provide the highest quality medical care and avoid potentially dangerous drug interactions.

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/or insurance company and may include medications used to treat mental health conditions or HIV.

By signing this consent form you give permission for Memorial Hermann Health System to use e-prescribing tools to obtain your medication history. You may cancel this consent at any time. However, any medication information already added to your medical record due to this consent will remain as part of your record.

Accepted: \_\_\_\_\_ (initial)

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, Parent or Guardian *(If patient 17 years or age or under)*

Relationship to patient: \_\_\_\_\_

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### Request to Withdraw Consent

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, Parent or Guardian *(If patient 17 years or age or under)*

Relationship to patient: \_\_\_\_\_

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Medication History  
Consent

