

ACS Advanced Care *Scripts* Patient Medication Profile

Name: _____

Date of Birth: _____

- Male
 Female

Weight _____

Height _____

List medical conditions:

Drug Allergies

Please check all that apply

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Compazine | <input type="checkbox"/> Percocet |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Darvocet | <input type="checkbox"/> Phenobarbital |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Darvon | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Demerol | <input type="checkbox"/> Septra |
| <input type="checkbox"/> Bactrim | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Biaxin | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Talwin |
| <input type="checkbox"/> Ceclor | <input type="checkbox"/> Keflex | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Cipro | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Percodan | <input type="checkbox"/> Valium |
| Other: _____ | Other: _____ | Other: _____ |

Current Medications

Please list all medications you are currently taking, including over the counter products and those provided by another pharmacy. This list will only be used to identify drug interactions.

- Check this box if you are only taking the drug provided by ACS
 I prefer to not provide ACS with a list of my current medications.

- | | | |
|----------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. _____ | 8. _____ | 14. _____ |
| 3. _____ | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

Signature: _____ Date Completed _____

Clinical Counseling is available from certified medical professionals during ACS hours of operation. Please feel free to contact one of our Registered Nurses or Pharmacists toll free at 877-985-MEDS (6337). Fax: 866-679-7131

There are also resources available at our website: www.advancedcarescripts.com