



Tomball Familicare

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Patient Name: _____

DOB: _____

Consent to Obtain Medication History

Our medical practice has adopted an electronic medical record system in order to improve the quality of our service. This system also allows us to collect and review your “medication history.” A medication history is a list of prescription medicines that we or other doctors have recently prescribed for you. This list is collected from a variety of sources, including your pharmacy and your health insurer.

An accurate medication history is very important to helping us treat you properly and in avoiding potentially dangerous medication interactions

By signing this consent form you give us permission to collect, and give your pharmacy and your health plan permission to disclose 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 medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make medication history available to us, and the medication history from your health plan might not include medications 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 point out to us any errors in you medication history.

I give permission for Tomball Familicare to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.

Patient/Parent/Guardian Signature

Date

Patient/Parent/Guardian