



DR. LETTICA JOHNSON-HIGHSMITH, DNP, APRN, PMHNP-BC, FNP-C
1601 MAIN STREET STE. 211 RICHMOND, TX 77469
OFFICE: 832.847.4836 / FAX: 832.847.4852
WWW.OSANAMHCS.COM

CONSENT TO OBTAIN PATIENT MEDICATION HISTORY

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid 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 prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also, over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU UNDERSTAND THIS FORM DESCRIBED ABOVE.

Client Printed Name

Date

Client Signature

If Client is a minor, please sign below:

Legal Guardian Printed Name

Date

Legal Guardian Signature