Client Medication Profile

Please list all current medications, prescriptions and any over-the-counter items you are currently taking. You can fax the completed form to the HoG pharmacy at 770-552-2810 or mail it to HoG, 8800 Roswell Rd, Suite 170, Atlanta, GA 30350. Thank you.

Name: _____ Date: _____

Date of Birth: _____ Weight: _____

Drug Allergies: _____

Are you allergic to latex? ( ) yes ( ) no

Medication (Name of drug as it appears on prescription label)	**Strength**	**Directions for use**

Reviewed by: _____ Date: _____

Pharmacist's Signature