

CLIENT MEDICATION PROFILE

Please complete a separate form for each pharmacy client. List all current medications, prescriptions, and any over-the-counter items you are currently taking. **Return this completed form by fax it to the HoG pharmacy at 404-389-1513 or by mail to 8607 Roberts Drive, Suite 150 A, Sandy Springs, GA, 30350-2237.**

Name of Client (please print)

Date

Date of Birth

Weight

Drug Allergies

Are you Allergic to Latex: () Yes () No

Remember to let HoG know when your current medications or drug allergies change. Please call your Hemophilia Treatment Center or the HoG pharmacist or go to www.hog.org/MedForm to download the Client Medication Profile form.

Current Medications (Name of drug as it appears on prescription label)	Strength	Directions for Use

Reviewed by (Pharmacist's Signature)

Date