**Consent to Obtain Patient Medication History**

Patient medication history is a list of prescription medicines that our practice providers, or

other 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 (EHR/EMR)

and becomes part of your personal medical record. Medication history is very important in

helping healthcare providers treat your symptoms and/or illness properly and in avoiding

potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to insure

that your recorded medication history is 100% accurate. Some pharmacies do not make drug

history information available, and your drug history might not include drugs purchased without

using your health insurance. Also over‐the‐counter drugs, supplements, or herbal remedies that

patients take on their 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.**

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Patient/Parent/Guardian Signature Date

By signing this consent form you are giving your healthcare provider permission to collect and

giving your pharmacy and your health insurer 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 issues such as depression.

**Patient Portal Sign Up**

Heartland Ob/Gyn is now offering patients the option to have quick and easy access to view lab test results, send the office non urgent messages. As well as requesting appointments through your portal. All we need is your current email, and we will send you a link for directions to sign up.

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_