



Adler Psychiatry  
4121 Montgomery Blvd NE,  
Albuquerque, NM 87109  
☎ (505) 807-0055 Office  
📠 (505) 299-2649 Fax  
[www.AdlerPsychiatryNM.com](http://www.AdlerPsychiatryNM.com)

## Medication History Consent

Pharmacy 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 avoiding 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 drug history information available, and your drug history might not include drugs purchased without using your health insurance. Over-the-counter drugs, supplements, or herbal remedies that patients take on their own may not be included.

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

Updated 12/1/2020

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

Client's Printed Name: \_\_\_\_\_

Client's Legal Representatives Name: \_\_\_\_\_

*If client is a minor / has a guardian:*

Parent / Guardian Printed Name: \_\_\_\_\_

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

\_\_\_\_\_  
Client / Clients LEGAL Representative / Parent or  
Guardian Signature

\_\_\_\_\_  
Date