

1037 Cresthaven Road
Memphis, Tennessee 38119

Mental Health Resources, PLLC
www.MHRMemphis.com

901-682-6136 Phone
901-682-7136 Fax

MEDICATION INFORMATION

Name: _____ Date: _____ SSN: _____

Phone: (Hm) _____ (Cell) _____ (Wk) _____

Allergies: _____

Medical Problems: _____

Providers:

PCP _____ Address: _____ Phone _____

Psychiatrist _____ Address: _____ Phone _____

Pharmacy _____ Address: _____ Phone _____

Current Medication(s):

Drug	Dose	Amount	Frequency	Date Prescribed/ Last Refill	Prescribed For (Condition):
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach additional page if necessary

PLEASE ADVISE MHR OF ANY CHANGES IN MEDICATION, HEALTH OR PHYSICIANS.

Client Signature

Date

This information was reviewed with the patient on this date by _____
Clinician Signature