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**CONSENT TO OBTAIN PATIENT MEDICATION HISTORY**

I voluntarily consent to provide Genesis MD access to and use of my prescription history. I understand that this includes but is not limited to prescriptions that our practice providers or other providers have prescribed. 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 vital 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 of 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 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 doctor to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.**

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date