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 to the HoG pharmacy at 404-389-1513 or by mail to 8800 Roswell Rd, Suite 170, Atlanta, GA 30350.

Name:		Date:
Date of Birth:		Weight:
Drug Allergies:		
Are you allergic to latex? () yes () no		
Remember to let HoG know when your current HoG pharmacist or go to www.hog.org/MedFor		gies change. Please call your HoG nurse or the Medication Profile form.
Current Medications (Name of drug as it appears on prescription label)	Strength	Directions for use
Reviewed by:		Date:
Pharmacist's Signature		

Hemophilia of Georgia 5-4-11