



Sunflower Pediatrics, PC
12500 West 58th Avenue, Suite 233
Arvada, CO 80002

Consent to Obtain Medication History

Sunflower Pediatrics, PC uses an electronic medical records system in order to provide you with the highest quality of care. This system allows us to collect and review your medication history. A medication history is a list of prescription medicines that we or other doctors have recently prescribed for you or your child. This list is collected from a variety of sources, including your pharmacy and health insurance company.

An accurate medication history is very important to helping us treat you properly and in avoiding potentially dangerous drug interactions.

By signing this consent form, you give us permission to collect, and give your pharmacy and your health plan 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 HIV/AIDS and medicines used to treat mental health conditions, such as depression. This information will become a part of you or your child's medical record.

This medication history is a useful guide, but it may not be accurate. Some pharmacies do not make drug histories available to us, and the drug history from your health plan might not include drugs that you purchased without using your health insurance. Your medication history might not include over the counter medicines, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you/ your child is taking and for you to point out any errors in your medication history.

I give permission for Sunflower Pediatrics, PC to obtain my medication history from my pharmacy, my health insurance company, and other medical providers.

Patient Name: _____ Date: _____

Signature of Patient, Parent, or Guardian