SLRC
St. Lawrence Rehabilitation Center

Outpatient Services
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MEDICATION LIST, COMMUNICATION AND CULTURAL NEEDS ASSESSMENT

Patient Name: _____

Account Number: _____ Medical Record Number: _____

Please complete this list with all prescription drugs as written on your drug bottle(s):

Medication	Dose	Times	How long have you been taking?

What over-the-counter drugs or herbal remedies do you take? ☐ None

Drug/Herbal Product	Amount	Frequency

Patient requires the following when discussing healthcare information:
☐ Communication board ☐ Glasses ☐ Hearing aide ☐ Translator ☐ None

Patient has other cultural concerns: ☐ Yes (see below) ☐ No

_____

Patient prefers to discuss healthcare in a language other than English. ☐ Yes ☐ No
If yes, patient was informed that interpreter services are available free of charge.
If yes, preferred language is: _____

☐ Patient prefers to use hospital interpreter services
☐ Patient wishes to use own interpreter, _____

Medication list, communication needs and cultural concerns, if any, reviewed with patient.

Therapist Signature	Date	Time
Therapist Signature	Date	Time
Therapist Signature	Date	Time

Medlist.frm 05/04, 5/06, pilot 12/07, 7/08, 8/09, 1/13, 4/13, 8/15, 11/15