

**PATIENT:** \_\_\_\_\_

**Pain & Sedative Medication Disclosure Form**

For the health & well being of all our patients, we are implementing a new policy. Before Dr. Rojas prescribes any pain & sedative medications for you, we ask that you disclose to us all *pain & sedative medications that you are currently taking that have been prescribed for you by another doctor.*

Medication/Strength	Quantity	Directions	Medical Condition

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date