

# Healthcare Professionals' Foundation of Louisiana

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## CURRENT MEDICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please type or print all medications that you are currently prescribed in the chart below and forward a copy to the HPFL each time new medications are prescribed. If in the event you are prescribed any mood altering substances, please have your physician send the HPFL a letter (on letterhead) documenting what medications were prescribed, the amount dispensed in each prescription, how many refills, and the length of time you will be on these medications.**

Drug Name	Dosage	Frequency	Date Prescribed	Prescribing Physician	Prescribing Physician's Telephone Number

**Please provide a brief comment for the necessity of new prescriptions, especially those which may be detected by random drug-testing.**

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