MEDICATION LIST and RECONCILIATION

Must be reviewed and updated at least every 3 months according to review by the patient

Patient Name: _____ DOB: _____

Medical Marijuana Card: Yes No Reason for using medical marijuana:

Name and address of physician:

Medication Name Include: Prescriptions, OTC, Supplements/Herbal	**Strength**	**Frequency** ex: 3x's/day; 1@bed; 2 in am; etc.	**Prescribing Physician**	**Start Date**	**Reason for Use**	**Discontd Date**	**Date Reconciled / Staff Initials**

In order to coordinate your care and avoid medication interactions, it is important that you list the names/addresses of all prescribing physicians and their specialties (e.g., neurologist, cardiologist, etc.)

Name of Physician	Address & Phone Number	Type of Specialty