

GBMC Physician Enterprise:

Patient's Physician: _____



For Office Use Only

MEDICATION LIST

Home medications for reconciliation for present office visit.

Please complete this medication list form. If you are taking more than 10 medications, continue on the next page. Bring this medication list to your appointment.

Patient Name: _____, _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ **Date List Completed:** _____

Person Completing List: _____, _____
(If other than patient) (Last Name) (First Name) (Middle Initial)

Medication	Dose	Frequency	Reason for Medication	Route (for example- by mouth, eye drops, or by injection)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Over-the-Counter Medications (Drugs), Vitamins, and Herbal Preparations:

IF YOU TAKE MORE MEDICATIONS, CONTINUE ON REVERSE SIDE

Form reviewed with patient by: _____

GBMC Physician Enterprise:

Patient's Physician: _____



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Medication	Dose	Frequency	Reason for Medication	Route (for example- by mouth, eye drops, or by injection)
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				

Form reviewed with patient by: _____