INDEPENDENT BEHAVIORAL HEALTH GROUP

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; I@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