

Appendix 7: Medication list template mailed to all new patients.

IMPORTANT – PLEASE READ BEFORE YOUR APPOINTMENT:

In order to provide the highest quality and safest care to you, we need to have a complete and accurate list of the medications, herbals and supplements that you are taking including dosages and frequencies. Since this information may be difficult to remember, you can either:

- **Bring all of your current medication and supplement bottles** (including multi-vitamins, herbals, over-the-counter medication, prescription medications and blister packs) with you to all future appointments.

OR

- **Bring an updated list of what you are taking from your pharmacy** (including multi-vitamins, herbals, over-the-counter medications and prescription medications), **or create your own list using the template below.**

MEDICATION LIST

Your name: _____ Appointment date: _____

| Medication/Herbal/Supplement Name | Amount taken (dose) | How often (frequency) | How do you take it? (route) |
|---|---------------------|-----------------------|-----------------------------|
| <i>Example: Aspirin</i> | <i>81mg</i> | <i>Once a day</i> | <i>By mouth</i> |
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| Please list your medication allergies and the reactions that you get. | | | |
| What is the name and phone number of the pharmacy that you usually use? | | | |