Jonna L. Schmidt, M.D.

456 Cross Street, P.O. Box 270

Hudson, MI 49247

Telephone (517)448-8918

Fax (517)448-4085

Website: Jonnaschmidtmd.com

MEDICATION RECONCILIATION FORM

Always take this form with you to every doctor visit for all doctors that you see. By using this form, it reduces confusion and saves time, it improves communication between doctors regarding your medical care, and it improves medication safety with interactions and duplications.

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all prescriptions you are currently taking or using, including insulin, eye drops, Viagra, etc. Also include over the counter medications such as vitamins, aspirin, Tylenol, cold or flu medications, and herbs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approx Date started | Name of Med and Strength | How much/how often taken | Dr. who prescribed | Reason for Med | Approx Date stopped |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |