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