Gupta Gastro Associates — Medication Reconciliation List

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Disclaimer: This list is provided to you by the facility as a safety tool. All current medications including the ones prescribed should be noted. The list is prepared based on the information you have provided. This facility is not responsible to maintain, prescribe or refill any of the listed medication unless we have provided you with a prescription.

How This Form Helps You: **Improves Communication:** Provides doctors, healthcare providers and institutions with a current list of all your medications. **Improves Medical Safety:** Medication interactions and duplications can be detected and corrected. Always keep this with you and updated as it may be a life saving tool.

Name:

Phone Number: Date of Birth:

ALLERGIES: ☐ No ☐ Yes (all allergies and reactions listed below)

Please list all current medications. **This includes over-the-counter and herbal medicines.**

Date	Name of Medication	Directions/ Route Taken. Example: oral	Date Stopped	Physician's name or Reason

New Medication(s) Ordered - Name	Strength	Dosage/ Directions

Last Update										
List fwd to	☐ Patient	☐ Provider	☐ Patient	☐ Provider	☐ Patient	☐ Provider	☐ Patient	☐ Provider		