

Patient Name: _____

Date: _____

Per Medicare guidelines, a list of current medications must be given at the time of your Initial visit. This list *must* include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND *must* contain the medications' name, dosage, frequency and route of administration.

Name	Dosage	Frequency	Route
	_		(i.e. oral, intravenous)

Documentation and Verification of current Medication

 \square Please check the box if you are <u>**not**</u> on any medications.