

**Anne Arundel Digestive Center (AADC)  
MEDICATION RECONCILIATION FORM**

Please fill out this medication form and bring with you to your scheduled appointment @ AADC. Computer printouts not acceptable.

<input type="checkbox"/> <b>NO ALLERGIES</b>		Date:	
<b>LIST ALLERGIES</b> and <b>untoward reactions</b> to Medications food or latex, describe what happens		<b>EXAMPLES: UNTOWARD REACTIONS</b> Nausea, Vomiting, Diarrhea, Hives, Rash, head-ache Difficulty Swallowing Other	
<b>ALLERGIES</b>	untoward reactions	<b>ALLERGIES</b>	untoward reactions

List all current medications, prescription and over-the counter. Include vitamins and aspirin.

List of medications as provided by patient	Dose(ml/mg)	frequency	Date last taken	Physician use only <b>Discontinue (D/C)</b> <b>Hold (H)</b>
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**NO MEDICATIONS**

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**FOR M.D. USE ONLY - medications prescribed by your physician today.**

Medication	Dose	Frequency	comments

This list is prepared on information obtained from you (the patient.) AADC is not responsible to maintain, prescribe or refill any of the above medication. Please call the prescribing physician for any medication refills or questions

**X SIGNATURE: PATIENT** \_\_\_\_\_

**NURSE:** \_\_\_\_\_

**M.D.** \_\_\_\_\_