



PATIENT DOCUMENTATION OF CURRENT MEDICATIONS

Medicare requires all Medicare patients to document their current list of medications. This list must include ALL prescription medications that you are currently taking, over-the counter medications, and ALL herbal/vitamin/mineral/dietary/nutritional supplements. You MUST document the medication name, dosage, frequency and route of administration below. Please use more than one sheet if needed.

Medication/OTC/Supplement	Dosage	Frequency	Route of Administration (oral, topical, suppository, inhalant, intravenous)

I, _____, do hereby attest that this information is true,
Patient Name (please print)
accurate and complete to the best of my knowledge.

Patient/Guardian Signature

Date