Current Medication List

Today's Date: ___/___/___

Name: _____ DOB: ___/___/___

List all of you current medications, including dosage. If you have a list of current medications, that we can copy, you may leave this space blank. If you do not know the name and dosage of your medications, please call your pharmacy and fill out completely. This is a requirement of the Affordable Care Act and it must be completed at each visit.

Medication	**Strength (mg)**	**Frequency**

Which Pharmacy do you use? _____

Circle your provider below:

Dr. Blythe	Dr. Stiles	Dr. Whatley
Meredith Blythe, CRNP	Amy Nowlin, PA	Conlee Callen, NP

What is the reason for your visit with us today? _____

_____

Medication Allergies: _____

_____

_____

_____

_____

Revised 8/2020