

Riverbend Family Medicine

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Mon–Thu 7:30a–5:30p · Fri 7:30a–4:00p · Closed 12:00–1:00p

PATIENT WORKSHEET

Document
Medication review worksheet
Owner
Clinical Pharmacist, Quality Committee
Version
3.0 · Effective 01/2027
Bring this
To every appointment

Build an Accurate Medication List

Complete this before your visit so your care team can check for duplicates, gaps, and interactions

BRING THE ACTUAL CONTAINERS, NOT JUST THIS LIST

The label on the bottle is the most reliable source. A written list alone often misses strength changes, discontinued medicines, and products bought without a prescription.

PATIENT NAME	DATE OF BIRTH	DATE COMPLETED	COMPLETED BY
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SECTION A — PRESCRIPTION MEDICINES

MEDICINE NAME (AS PRINTED ON THE LABEL)	STRENGTH	HOW MUCH I TAKE	HOW OFTEN	WHY I TAKE IT	WHO PRESCRIBED IT	STILL TAKING?
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Copy the medicine name exactly as printed. Many medicines have both a brand name and a generic name, and writing only one can create a duplicate on your chart.

SECTION B — EVERYTHING ELSE YOU TAKE

People often leave these out because they were not prescribed. They still matter, because they can interact with prescriptions or duplicate an ingredient you already take.

CATEGORY	EXAMPLES PEOPLE FORGET	WHAT I TAKE	HOW OFTEN
Over-the-counter medicines	Pain relievers, antacids, allergy tablets, sleep aids, cold and flu products		
Vitamins and minerals	Multivitamin, vitamin D, iron, calcium, potassium		
Herbal and dietary supplements	Fish oil, turmeric, melatonin, probiotics, St. John's wort, protein powders		
Topical and inhaled products	Creams, ointments, patches, eye drops, nasal sprays, inhalers		
Injectables and infusions	Insulin, weekly injections, allergy shots, infusions		
Occasional or as-needed medicines	Medicines you take only during a flare, a migraine, or travel		

SECTION C — ALLERGIES AND REACTIONS

SUBSTANCE	WHAT HAPPENED	WHEN

Describe the actual reaction. A rash, a stomach upset, and difficulty breathing are treated very differently by your care team.

SECTION D — PHARMACIES YOU USE

PHARMACY NAME	LOCATION	WHAT YOU FILL THERE

Using more than one pharmacy is common and completely fine. Listing all of them is what lets us see the full picture.

SECTION E — QUESTIONS YOUR CLINICIAN WILL ASK ABOUT EACH MEDICINE

1. Are you taking it the way it was prescribed? Many people are not, and that is useful information rather than something to hide.
2. Have you skipped doses because of cost, side effects, difficulty swallowing, or because you were not sure it was still needed?
3. Has any medicine been stopped, started, or changed by another clinician, an urgent care, or a hospital since your last visit?
4. Do you know what each medicine is for? If you do not, say so; that is one of the most useful things you can tell us.
5. Do any of them cause a side effect you have not mentioned?
6. Are there any you would like to stop or simplify?

Important: Do not stop, start, or change a medicine because of this worksheet. Bring it to your visit and make changes together with your clinician or pharmacist.

FICTIONAL SPECIMEN. This worksheet is a demonstration of a medication review form. It is not medical advice, not a real practice document, and not a substitute for a medication review performed by a licensed clinician or pharmacist.