



Medication Reconciliation/BPMH* for:	Social Security Number	DOB
John Smith	123-45-6789	03/22/1985
Two Week Period From:	To:	
02/14/2021	02/28/2021	
Date (mm/dd/yyyy)	Prepared by (Signature/Printed Name)	Verified by PhC (Signature/Printed Name)
Date (mm/dd/yyyy)	Verified by RN (Signature/Printed Name)**	Counselled by (Signature/Printed Name)
Date (mm/dd/yyyy)	Parent/Legal Guardian (Signature/Printed Name)	

\* Best Possible Medication History

\*\* Verification of steroids medication that are part of the patients therapy treatment

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**PLEASE NOTE:** completed calendars  
MUST be returned to SHC as part of the  
patient's Medical Record

Information: 0-123-456-789

**Emergency:** 0-123-456-789  
Website: www.samplehealthcar  
e.com