

Medication Reconciliation Template for Telehealth Visits

Patient Information

Name

Date of Birth

Visit Date

Provider

Current Medications

Medication Name	Dosage	Frequency	Route	Indication

Allergies

Drug/Other Allergies

Over-the-Counter & Supplements

List (if any)

Medication Changes

List any new, discontinued, or changed medications

Adherence & Concerns

Medication adherence issues or concerns

Provider Notes