

We are required to report to Medicare that we have documented this information as part of your physical therapy care. Per specific Medicare reporting rules, we need you to *"provide a list of all known prescriptions, over-the-counter medications, herbal supplements, and vitamin/mineral/dietary supplements. This list must contain the medications' name, dosage, frequency and route of administration."*

As a Medicare-insured patient, please provide the following information:

Patient Printed Name _____

Patient Signature _____ Date _____

Medication Name (Prescriptions, Over The Counter, Supplements)	How Much? (Dosage)	How Often? (Frequency)	How Do You Take It? (Route of Administration)
<i>Example: Tylenol</i>	<i>300mg</i>	<i>2x/day</i>	<i>Pills/Oral</i>

If you need more space, we're happy to provide additional forms – just let us know.

*You may be asked to update this information at a future appointment. If this is the case, we will provide the original form for your reference and ask for your patience and cooperation in providing any additional information.

We appreciate having you as our patient and will do our best to provide any needed assistance. Thank You!

Patient Statement of Updated Medications Listing (For Future Use Only, If Required)

My medications listing is current and/or has been updated at the Physical Therapy Re-Evaluation Appointment, as indicated.

Patient Signature _____ Date Updated _____