Scala Naturae
INTEGRATIVE HEALTH

# 8. Medication Reconciliation

**List all prescription medications, over-the-counter medications, vitamins, and supplements.**

| | | | |
|---|---|---|---|
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |
| Medication Name | Dose | Frequency | Reason/Prescriber |

Additional Medications / Notes

Electronic Signature: Date:

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## 9. Allergies

| | | | |
|---|---|---|---|
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |
| Allergen | Reaction | Severity | Date/Notes |

Electronic Signature: Date: