## **Comprehensive Patient Medication Reconciliation Form**

Please do your best to fill this out completely. Your answers on this form will help your clinician understand your medical concerns and conditions. Many insurance companies require this level of detail before approving coverage for TMS therapy. If you do not recall exact start and stop dates, best estimates are fine to include the year and approximate duration in weeks or months. You can call your prescribing clinician for this information.

Also try to contact your pharmacy for a printout of your medication record, although this will usually only go back two years any prior additional records are usually accessible by mail, if requested. Thank you.

Name of Medication (WRITE LEGIBLY)	Max Dose	Start Date	End Date	Frequency	How helpful was it?