Maryland Addiction Consultation Service (MACS):		
Patient Name:	DOB:	MRN:

Allergies; reconciled *(date)* **by** *(name)*

Drug	Reaction	Severity	Active	Resolved
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Additional Allergy Notes:

Preferred Pharmacy:

Current Medications; reconciled *(date)* **by** *(name)*

List of discontinued medications on following page

MAT Dispensed: ☐Methadone ☐Bup/Nal ☐Bup ☐XR-NTX **Dose:**

Prescribed in this Practice

Medication/Dosage	Instructions	#/Refills	Start Date	Taking?
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Prescribed by Outside Providers, OTC Medications, and Supplements

Medication/Dosage	Instructions	#/Refills	Start Date	Taking?
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Additional Medication Notes:

Maryland Addiction Consultation Service (MACS):		
Patient Name:	DOB:	MRN:

Short Term Medications

Date	Medication/Dosage	Instructions	#/Refills

Discontinued Medications

Date Stopped	Medication/Dosage

Additional Medication Notes:

Maryland Addiction Consultation Service (MACS):		
Patient Name:	DOB:	MRN:

Problem List; reconciled _____ *(date)* **by** _____ *(name)*

Include all medical, surgical, psychiatric, and substance use dx, including historical

Problem	Active	Resolved
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Additional Notes:

Family History; reconciled _____ *(date)* **by** _____ *(name)*

Problem

Additional Notes: