



SANCTUARY COUNSELING GROUP

Client Name: _____ Date Completed: _____

Sanctuary Counseling Group, formerly known as Methodist Counseling & Consultation Services, is in the process of revising a number of our clinical practices in order to provide the highest standards of care. To that end, to better serve our clients and to keep us in compliance with our accrediting body, we are requiring our clinicians to keep a record of all current medications in each client's clinical chart. We request that you complete the form below and return it to your provider. Thank you for your assistance in this important matter.

	Prescription Date	Physician	Medication	Dosage	Directions
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____