

MEDICATION RECONCILIATION RECORD

Patient Name	DOB
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ALLERGIES (drugs, foods, substances, latex)

Allergic To	Describe Reaction

CURRENT MEDICATIONS: list all of the patient's medications prior to admission including those prescribed, over-the-counter, samples, vitamins, nutraceuticals, respiratory therapy-related (inhalers) and herbal meds.

Source of medication list: (check all used)

- | | | |
|--|--|---|
| <input type="checkbox"/> Patient medication list | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Previous discharge paperwork |
| <input type="checkbox"/> Patient/family recall | <input type="checkbox"/> Primary care physician list | <input type="checkbox"/> Other |

Other Medications	Dose & Frequency	Route	Other Medications	Dose & Frequency	Route		
			Anticoagulants & NSAIDS	Dose/ Frequency	Route	Date Held	Resume per MD Order – Enter Date or “No”

Pre-Op Interviewing RN Signature & Date

Admitting RN Signature & Date

Surgeon Signature & Date

NEW MEDICATIONS PRESCRIBED

Medication	Dose	Frequency

DISCLAIMER

This list is provided to you by the facility as an educational tool. We have noted all the medications you are currently taking including the medication we have prescribed. The list is prepared based on the information you have provided to us. This facility is not responsible to maintain, prescribe or refill any of the above medication.

HOW DOES THIS FORM HELP YOU?

- Always keep this form with you.
- Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped.
- Improves communication; provides doctors, healthcare providers and institutions with a current list of all your medications.
- Improves medication safety; medication interactions and duplications can be detected and corrected.

Copy to Pt.

Discharging RN Signature

Patient Signature

Companion Signature

Date