MEDICATION RECONCILIATION

PAGE _____ OF _____

❑ NO HOME MEDICATIONS AT ADMISSION

ALLERGIES: _____

HOME MEDICATION RECONCILIATION/ORDERS

LIST OBTAINED FROM: ❑ Patient ❑ Family ❑ Written List ❑ Prescription Bottle ❑ Pharmacy Nurse: _____ Date: _____

Patient/Caregiver ❑ is able to verify ❑ unable to verify medication(s)

HOME MEDS					DISCHARGE	
DRUG	INDICATIONS	DOSAGE/ ROUTE	FREQUENCY	LAST DOSE	STOP	CONTINUE

DISCHARGE CHANGES OR ADDITIONS

❑ NO CHANGES

DRUG	INDICATIONS	DOSAGE/ ROUTE	FREQUENCY

❑ **The patient/caregiver has been informed about the importance of maintaining updated medication information, communicating changes to his/her primary care provider and to carry medication information at all times in the event of emergency situations.**

Daily - once a day	HS - at bedtime	SL - under the tongue
TID - three times daily	BID - twice a day	
AC - before meals	QID - four times a day	

Discharge Date: _____

Physician Signature _____

[COPY TO PATIENT AT DISCHARGE]

PATIENT IDENTIFICATION:

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