

# MEDICATION RECONCILIATION

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	Discharge Date: _____
TID - three times daily	BID - twice a day		Physician Signature _____
AC - before meals	QID - four times a day		

[COPY TO PATIENT AT DISCHARGE]

PATIENT IDENTIFICATION: