

Medication Reconciliation

KEY: MCG: MICROGRAM MG: MILLIGRAM PO: BY MOUTH GTT: DROP SQ: SUBCUTANEOUS Bid-twice a day Tid-three times a day Qid-four times a day Prn-as needed

To Be Completed for Discharge

## Allergies:

LIST BELOW ALL OF THE PATIENTS MEDICATIONS PRIOR TO ADMISSION INCLUDING OTC AND HERBAL MEDS

Source of Medication list: (check all used)

Patient medication list

□ Patient/Family recall

□ Pharmacy\_

Primary care physician list

Previous discharge paperwork

□ Medication Administration record from facility

Other:

MEDICATION HISTORY RECORDED/VERIFIED BY:

## CHECK HERE IF THIS IS AN ADDENDUM TO OR REVISION OF PREVIOUSLY COMPLETED MEDICATION LIST

					PHYSICIAN   PHYSICIAN   PHYSICIAN		
DATE RECORDED:					PHYSICIAN ORDER	PHYSICIAN ORDER	PHYSICIAN ORDER
MEDICATION NAME	DOSE	ROUTE	1	LAST DOSE	Resume as	Add to	Discon-
(WRITE LEGIBLY)	(mg, mcg)		FREQUENCY		Pre-op 🖌	List 🖌	tinue 🗸
1.							
2.							
3.							
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12.							
13.							
14.							
15.							
						L	

PHYSICIAN SIGNATURE

DATE

Date

RN Signature

Signature of Responsible Party\_\_\_\_

Note to Patient: Take this medication list to your next doctor's appointment. It is recommended that you bring a list of your current medications to each medical appointment.