

Medications Taken at Home			◆ Reconciliation				RPh Review	
Instructed to take pre-op day of surgery (P)	Information Obtained By (initials)	Please Note: Antibiotics, insulin, oral hypoglycemics, anti-hypertensives, anti-rejection meds, anti-arrhythmics, inhalers, anti-seizure, anti-anginal, eye medications, anti-viral, anticoagulants and pain medications need to be reconciled prior to next scheduled dose. Drug Name (include dose, route and frequency)	Last Dose (Date/Time)	Medication Ordered ✓	Medication Ordered To be Held ✓	Order Changed ✓	Order Clarified ✓	Admission Medications Reviewed by RPh (init.)
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						
		Prescribed as:						
		<input type="checkbox"/> Pt. takes as prescribed * Pt. actually takes:						

* Medication order must be clarified.

Information obtained by (Staff Name/Title): _____ Date/Time _____

Information obtained by (Staff Name/Title): _____ Date/Time _____

◆ Reconciliation completed by (Staff Name/Title): _____ Date/Time _____

Pharmacist: _____ Date/Time _____

Admitting Physician/Reviewing Physician or Provider: _____ Date/Time _____

Luther Midelfort

Mayo Health System

Home Medication List (Cont.)