



# MEDICATION RECONCILIATION FORM

Date: \_\_\_\_\_ Page \_\_\_ of \_\_\_

Allergies: \_\_\_\_\_

Medication History by: \_\_\_\_\_ RN Source: Patient, Family, Other \_\_\_\_\_

Vaccine/Year: Influenza \_\_\_\_\_ Pneumo. \_\_\_\_\_ DT/T \_\_\_\_\_ Hep.B \_\_\_\_\_ Other \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Admission Medication Orders by: \_\_\_\_\_ (MD Signature) Signed off by: \_\_\_\_\_ RN

Admission orders reconciled by: \_\_\_\_\_ (RN/RPh) Date: \_\_\_\_\_ Time: \_\_\_\_\_ Checkmark indicates RN signoff.

Meds Sent to Pharmacy Yes No History includes: Vaccines, Herbals, Over-the-Counters, Samples, Investigational drugs

DRUG NAME and STRENGTH	DIRECTIONS : Route, Frequency, Indication (Req'd for PRN's )	Last taken	Continue on admission		√	Continue on Discharge	
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO
			YES	NO		YES	NO

Discharge Medication Orders Reviewed by: \_\_\_\_\_ ( MD Signature) Date \_\_\_\_\_ Time \_\_\_\_\_

PATIENT COPY To patient upon discharge CHART COPY Remains in chart PHARMACY COPY (Yellow)