**Allergies**: HYDROMORPHONE

COMPLETE LIST OF PATIENT'S MEDICATIONS AT DISCHARGE:

Active Outpatient Medications (including Supplies):

     Outpatient Medications                                 Status

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1)   ACAMPROSATE CA 333MG EC TAB TAKE TWO TABLETS BY MOUTH  ACTIVE

       THREE TIMES A DAY (SARRTP-S) APPROVED FOR 3 MONTHS

       STARTING 11/13

2)   CLONIDINE HCL 0.1MG TAB TAKE ONE TABLET BY MOUTH       ACTIVE

       TWICE A DAY FOR BLOOD PRESSURE (SARRTP-S)

3)   DISULFIRAM 250MG TAB TAKE ONE TABLET BY MOUTH DAILY    ACTIVE

       (SARRTP-S)

4)   MULTIVITAMIN CAP/TAB TAKE 1 TABLET BY MOUTH DAILY      ACTIVE

       (SARRTP-S)

5)   QUETIAPINE FUMARATE 50MG TAB TAKE ONE-HALF TABLET BY   ACTIVE

       MOUTH AT BEDTIME AS NEEDED FOR SLEEP (SARRTP-S)

**Active Medications from Remote Data**

THIAMINE HCL 100MG TAB

Sig:  TAKE TWO TABLETS BY MOUTH EVERY DAY FOR SUPPLEMENTATION

Quantity: 14    Days Supply: 7

1 refills remaining until 09/25/14

Last filled 09/24/13 at HINES, IL VAMC (Active)

FOLIC ACID 1MG TAB

Sig:  TAKE ONE TABLET BY MOUTH EVERY DAY FOR SUPPLEMENTATION

Quantity: 7    Days Supply: 7

1 refills remaining until 09/25/14

Last filled 09/24/13 at HINES, IL VAMC (Active)

OMEPRAZOLE 20MG CAP,EC

Sig:  TAKE ONE CAPSULE BY MOUTH TWICE A DAY BEFORE MEALS FOR

     STOMACH

Quantity: 14    Days Supply: 7

1 refills remaining until 09/25/14

Last filled 09/24/13 at HINES, IL VAMC (Active)

DISULFIRAM 250MG TAB

Sig:  TAKE TWO TABLETS BY MOUTH EVERY DAY FOR ALCOHOL CRAVINGS.

Quantity: 14    Days Supply: 7

1 refills remaining until 09/25/14

Last filled 09/24/13 at HINES, IL VAMC (Active)

The patient/caregiver received counseling on medication therapy including:

dose, schedule, technique, side effects and precautions, any significant

drug/food interactions, missed dose, indications for use and proper

storage. The patient and/or caregiver was instructed on the proper

procedure for obtaining refills.

Patient received a list of their medications.

PATIENT EDUCATION READINESS: READINESS: Ready to learn

MUTUAL GOAL(S): Verbalize understanding of instructions, demonstrate

skill(s) safely and effectively.

SELECT ALL WHO WERE EDUCATED: Patient

TEACHING METHOD: Verbal discussion and printed material.

EVALUATION OF EDUCATION PROVIDED: Able to verbalize understanding or

demonstrate skills.

Please include reason for changes, if known.

NEW MEDICATION:

DOSE CHANGE:

DISCONTINUED:

REFILLS:

MEDICATION RECONCILIATION COMPLETED.