Medication Reconciliation Form

(include all medications including OTC, herbal & vitamins)

Patient Name:_____

Allergies with reactions to medication, food, latex, tape:_____

_____

□ NKA □ No medications □ See attached list □ Patient advised to bring complete list of medications to PCA at time of procedure

□ No medication change since last visit

Medications taken prior to admission			Do not resume	Medications on discharge		
Medication	Dosage	Reason for medication		Medication	Dosage	Reason for medication

Patient may resume all prior medications unless otherwise advised by prescribing physician

No additional medications prescribed upon discharge unless listed above

Recorded By:_____ Date:_____

Copy given to patient by: _____, RN

Physician:_____ Date:_____

NOTE TO PATIENT: Please take this medication list to your next doctor's appointment. It is recommended to bring a list of your current medications to every medical appointment.