

Medication Reconciliation Form

List current allergies, prescription and over the counter medications including herbal products.

Sources of Information: Patient Caregiver Other:

ALLERGIES AND ADVERSE DRUG REACTIONS:

No Known Allergies

Medication Name	Dosage Strength	Times per Day	Last Taken		Notes
			Date	Time	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Over The Counter Medications, Vitamins, Herbals, etc.

The above medication & allergy information is correct to the best of my knowledge:

PATIENT SIGNATURE _____

DATE _____

Admit Nurse			
Reviewed with patient/family	Nurse Signature _____	Date _____	Time _____
Discharge Nurse			
Discharge Orders Reviewed with patient/family	Nurse Signature _____	Date _____	Time _____
Physician Signature			
Resume medication(s) on:	Physician Signature _____	Date _____	Time _____