

Date: \_\_\_\_\_ Time: \_\_\_\_\_  Update date: \_\_\_\_\_ Time: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Patient's Primary Care Physician: \_\_\_\_\_ Office Location: \_\_\_\_\_

Patient's Pharmacy: \_\_\_\_\_ Pharmacy Phone# \_\_\_\_\_

- Source of Medication List** (check all used):
- Patient Medication List (see attached)
  - Patient/Family recall medication list
  - Previous discharge paperwork
  - Medication Administration Record from Facility
  - Pharmacy \_\_\_\_\_
  - Other \_\_\_\_\_

**Unverified Medication(s):** (please initial)

\_\_\_\_\_ Medications, dose, and/or frequencies unverified

\_\_\_\_\_ Patient/Family have been requested by staff to bring all medications to hospital as soon as possible for verification

**Allergies/Describe Reaction:**  No Known Medication Allergies **Ht:** \_\_\_\_\_ **(in)** **Wt:** \_\_\_\_\_ **(kg)**

**MEDICATION(S) PRIOR TO ADMISSION / VISIT**

<input type="checkbox"/> No Medications		List All Medications, including Prescriptions, Injections, Over-The-Counter (OTC) / Non-Prescriptions, and Herbal Medications.				Continue after Visit?		
Init	Medication/Strength	Dose	How Often (Frequency)	Why Taking	Last Dose Date/ Time	Y	N	Resume Date/Time
	<i>Example: Aspirin 325 mg</i>	<i>1 tab</i>	<i>Once a day</i>	<i>arthritis</i>	<i>1/2/11 8am</i>			

Init	RN Signature	Date/Time	I have reviewed the above medication list, based on the above sources:  _____ Surgeon or Admitting Physician's Signature/ID#      Date/Time

New Medications to Take Following This Visit. X = Written Rx    ✓ = Called to Pharmacy:							Gray Areas for Outpatient Use Only	
Init	Medication/Strength	Dose	How Often	Why Taking	Last Dose Given	X ✓		

Give a copy of this updated list to your primary care doctor or caregiver. Keep a copy and update it as needed.  
Signature of patient/representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PATIENT IDENTIFICATION

**BARTON HEALTH  
PATIENT MEDICATION LIST  
MEDICATION RECONCILIATION FORM**

7/20/12

B045 / 8765-0001

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### File Specification Information

Document Size <b>8.5 x 11</b>	Gripper / Lock-Up <b>All</b>	Stub <b>N</b>	Imprint <b>N</b>
Punch <b>T 5</b>	Numbering <b>N</b>	Binding <b>N</b>	Registering Plys <b>N</b>
Screens <b>10%</b>	Backer(s) and Percentage <b>N</b>		
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