

MEDICATION RECONCILIATION "Home"/DISCHARGE MEDICATION LIST



Addressograph Plate Page If unable to complete home list, indicate reason: >To Be Completed ☐ No known medications identified by patient/family on entry to the organization. By Provider< ☐ Unable to obtain due to Pre-Op HOLD DISCHARGE "Home" / DISCHARGE MEDICATION LIST (prescriptions, OTC, herbals, vitamins, inhalers, eye drops, topicals, etc.) MEDICATIONS FREQUENCY MEDICATION NAME Dose ROUTE STOP (How often) (How (How to DO NOT Continue *NEW* much) take) AM Noon EVE BED **OTHER** TAKE **Drug Allergies:** Home Medications reconciled against Discharge Medications. PRINT NAME Signature of Provider -TAKE ALL MEDICINES AS ORDERED. Your pharmacist may give you another brand of the same medicine Date/Time (called Generic) that our health care provider has ordered. -REVIEW THIS LIST WITH YOUR PRIMARY CARE PROVIDER AND ☐ Patient educated on new medications PHARMACIST AS SOON AS POSSIBLE AFTER DISCHARGE.

-DISCARD ANY OLD MEDICATION LISTS.