© 2012 by Healogics, Inc.
All Rights Reserved.

MEDICATION RECONCILIATION

Pharmacy:_____Phone:_____Fax:_____

Allergies/Adverse Reactions/Sensitivities

Date	Time	Name of Allergies (Medication, Food, etc.)	Type of Reaction (Describe – e.g. itching etc.)	Initials

Patient transferred to: _____ Medication list reviewed with: _____

Instructed patient/caregiver: ☐ Provide list to Primary Care Physician, update the information when medications are discontinued, changed or new medications are added and to carry medication information at all times in event of emergency

Date: _____ Time: _____ Initials:_____

DIRECTIONS: Enter date discontinued when applicable and rewrite new or changed medications on a new line. Provide initial copy to patient upon admission, with any changes and/or when patient is admitted to another organization that requires ongoing care. Upon discharge, provide copy to the patient along with education on the importance of sharing medication information with other care provider(s).

List all Over-the-counter medications (Includes vitamins/ minerals, herbal/natural products and recreational)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

List all medications that patient reported as prescribed for them

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

List all medications prescribed by Wound Care Center Physician(s)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

_____/_____ Nurse Signature Initials

_____/_____ Nurse Signature Initials

_____/_____ Nurse Signature Initials

_____/_____ Nurse Signature Initials

RN4775

Mary Washington Healthcare

PATIENT IDENTIFICATION
1 1/4" X 3"

Medication Log (Reconciliation)

© 2012 by Healogics, Inc
All Rights Reserved.

MEDICATION RECONCILIATION

DIRECTIONS: Enter date discontinued when applicable and rewrite new or changed medications on a new line. Provide initial copy to patient upon admission, with any changes and/or when patient is admitted to another organization that requires ongoing care. Upon discharge, provide copy to the patient along with education on the importance of sharing medication information with other care provider(s).

List all Over-the-counter medications (Includes vitamins/ minerals, herbal/natural products and recreational)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

List all medications that patient reported as prescribed for them

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

List all medications prescribed by Wound Care Center Physician(s)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

_____/_____
Nurse Signature Initials

_____/_____
Nurse Signature Initials

_____/_____
Nurse Signature Initials

_____/_____
Nurse Signature Initials

RN4775

Mary Washington Healthcare

PATIENT IDENTIFICATION
1 1/4" X 3"

Medication Log (Reconciliation)