



1500000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DOWNTIME EMERGENCY DEPARTMENT MEDICATION LIST - RECONCILIATION FORM

- Instructions:**
1. List all of the patient's current home medications including prescription, over-the-counter, herbals, vitamins and dietary supplements as relayed by patient or family.
 2. Make changes to the list as medically necessary.
 3. Send a copy of form with the patient and to referring facility, if appropriate, at time of discharge.
 4. Instruct patient to provide list to home doctor.

Adverse Reactions & Allergies:

Latex: ☐ yes ☐ no

☐ Reviewed Medication List provided from _____

	Medication Name	Dose	How Often	Hold	Initial	Restart Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Name/Signature of Health Care Provider obtaining or reviewing above information:

Name _____ PIC _____ Date _____ Time _____

Name _____ PIC _____ Date _____ Time _____

	Medication Name	Dose	Route	How Often	For How Long
1					
2					
3					
4					
5					

Initials/Name/Signature of Health Care Provider prescribing new medications or recommending changes.

Name _____ PIC _____ Date _____ Time _____

WHITE COPY TO MEDICAL RECORDS

YELLOW COPY TO PATIENT