

Information from:  Patient  Legally Authorized Person (LAP)  Family  Patient's Medication List  EMS/Transport  Physician Office  
 Medication List from non-AH facility  Prior AH record  Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

NO KNOWN CURRENT HOME MEDICATIONS

**HOSPITAL STAFF TO COMPLETE**  
( Day of procedure )

<b><u>CURRENT MEDICATIONS:</u></b> Prescription / Over the counter / Vitamins / Herbs / Supplements / Neutraceuticals	<b><u>DOSE</u></b> Quantity, strength	<b><u>ROUTE</u></b> Oral, injectable, inhaler, topical	<b><u>FREQUENCY</u></b> # of times per day, every day (no abbreviations)	<b>LAST DOSE: DATE / TIME</b>

Box(es) not completed for dose, route or frequency – information was not available. Should information become available – complete as applicable.

\_\_\_\_\_  
Hospital Authorized Staff – First Initial, Last Name, Title      Date / Time      Hospital Authorized Staff – First Initial, Last Name, Title      Date / Time

NO changes to listed medications     Your physician has ordered changes to some of your listed home medications as indicated below

<b>DISCHARGE: NEW MEDICATIONS and/or CHANGES TO PREVIOUS MEDICATIONS:</b>						
<b>MEDICATION(S)</b>	<b>DOSE</b>	<b>ROUTE</b>	<b>FREQUENCY</b>	<b>NEXT DOSE</b>	<b>Rx</b>	<b>INSTRUCTIONS</b>

This information was provided by you or your representative. If this information does not match your home records, or if you have any questions please contact the doctor that prescribed your medication(s).

\_\_\_\_\_  
 Patient     Responsible Person Signature    **Print Name / Relationship**    **Discharge: First Initial, Last Name, Title**    **Date/Time**

Check if applicable:  Long term medication modified or added – updated list provided to Next Provider of Care



**OUTPATIENT MEDICATION LIST**  
DH: Medication Reconciliation Document  
602-1030 (1-15) MPC 72655  
White – chart    Canary - Patient

Patient Label

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