

HIGH DESERT HEALTH SYSTEM
MEDICATION RECONCILIATION

Source of Information:

- Patient Family RX bottle Other
 Previous Medication Reconciliation Form
 Not on Medications at home
 Hospitalization since last visit: Date _____

Clinic: _____

NKA Allergies: _____

Reaction: _____

Unable to obtain history: Reason: _____

History obtained by: _____

Where: _____ Date: _____ Time: _____

Home Medications (Prescribed, OTC, Herbal, Patches, Inhalers, Eye drops, supplements)						
Drug Name	Dose	Route	Frequency	Comments by Provider (circle)		
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
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				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge
				Continue	Discontinue	Acknowledge

Medications added or changed at clinic visit:				
Date	Drug Name & Dose	Route	Frequency	Reason Added, Deleted or Changed

- Continue Medications with no change Continue Medications with change(s) noted

The above list was reviewed by:

_____ MD NP
Provider Signature (Circle One)

Date: _____ Time: _____

