



6370 SW Borland Rd., Suite 100
Tualatin, Oregon 97062
503.218.1105

PATIENT MEDICATION RECONCILIATION

X _____ Patient Signature

See attached

Include OTC, Herbals and Dietary Supplements

Drug Name	Dose	Frequency	Date/Time Last Dose	Route	Purpose for Use

Drug Allergy: _____ Reaction: _____ Drug Allergy: _____ Reaction: _____
 Drug Allergy: _____ Reaction: _____ Drug Allergy: _____ Reaction: _____

Ordered at Discharge

Drug Name	Dose	Frequency	Last Dose	Route	Purpose for Use

Sources of Information (check all applicable):

- Patient's own medication list
- Patient/Family recall
- Other (specify): _____
- Physician's list (name): _____
- Prior Hospital Records (name facility): _____

Date initiated/Nurse _____ Reviewed: Date/Nurse _____ Date/Nurse _____ Date/Nurse _____