Northwest Florida
GASTROENTEROLOGY CENTER

label

PATIENT MEDICATION RECONCILIATION Form

Allergies: ☐ No Known Drug Allergies	Latex Allergy ☐ No ☐ Yes	Tape Allergy ☐ No ☐ Yes

Allergy (Drug)	Reaction	Allergy (drug)	Reaction

Current Prescription Medications.

Name of Medication (print please)	Dose	How Often	❑ Resume all today Change After Discharge	Stop or Hold After Discharge

Herbals, Vitamins, Supplements, Non-Prescription Drugs.

Name of Medication (print please)	Dose	How Often	❑ Resume all today Change After Discharge	Stop or Hold After Discharge

New Medications or New Dosages you should take after discharge.

Name of Medication (print please)	Dose	How Often	Rx given	Sample given

Admission Nurse reviewed medications with Patient. RN Signature:_____Date:_____

❑ Copy given to patient Discharge RN Signature:_____Date:_____

MD Signature:_____Date:_____