

Medication Reconciliation Form

Patient information								
First name:		Last name:		Date of birth:		Patient ID:		Medication information obtained from (select all that apply):
Community pharmacy name:				Community pharmacy number:				<ul style="list-style-type: none"> • Patient interview • Family/caregiver interview • EHR/EMR • Pharmacy • Medication vials/boxes/bottles • Blister packs • Family/caregiver interview • Admission medication reconciliation • Discharge medication order form • Outside facility medication list • Patient's own medication list • Other:
Medication management:				Medication allergies (Medication names and reactions):				
<ul style="list-style-type: none"> • Self-administration • Caregiver administration • Other: 								
Best possible medication history					BPMH completed by:			Date:
Medication name	Dose	Route	Frequency	Indication	Prescribed by	Discrepancy	Resolution plan	Action

Reconciled medication list					Approved by:	Date:
Medication name	Dose	Route	Frequency	Indication	Comments	