

Pre-Admission Medication & Medication Reconciliation

<p>Pre-Admission Medication List</p> <p>Source (<i>tick all that apply</i>): Patient/ Carer/ Relative <input type="checkbox"/></p> <p> GP Surgery <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Care Facility <input type="checkbox"/></p> <p> Other <input type="checkbox"/>, specify</p> <p> Source name(s): Phone:</p> <p>Completed by:</p> <p>Contact no.: Date:</p>	<p>List Verification / Medication Reconciliation</p> <p>Source (<i>tick all that apply</i>): Patient/ Carer/ Relative <input type="checkbox"/></p> <p> GP Surgery <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Care Facility <input type="checkbox"/></p> <p> Other <input type="checkbox"/>, specify</p> <p> Source name(s): Phone:</p> <p>Completed by:</p> <p>Contact no.: Date:</p>
--	--

Medication	Route	Dose	Frequency	Consistent with drug chart Rx?	Reason/ Action (e.g stopped, increased) with rationale	Discharge (tick)*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

*Prescribed and/or changes communicated on discharge prescription and discharge summary

Comments: