Pre-Admission Medication & Medication Reconciliation

Pre-Admission Medication List				List Verification / Medication Reconciliation			
Source (tick all that apply): Patient/ Carer/ Relative □				Source (tick all that apply): Patient/ Carer/ Relative □			
GP Surgery □ Retail Pharmacy □ Care Facility □				GP Surgery □ Retail Pharmacy □ Care Facility □			
Other 🗆, specify				Other \square , specify			
Source name(s): Phone:			So	Source name(s): Phone:			
Completed by:				Completed by:			
Contact no.: Date:			Conta	Contact no Date:			
Medication Route Dose I		Frequency	requency Consistent with Reason/ Action (e.g stopped, increased) Discharge (tick)*				
1				uruy chart hx?	with fationale	(lick)	
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:							
Confidence.							