



Elmhurst Memorial
Healthcare
Elmhurst, Illinois 60126



MEDICATION RECONCILIATION LIST PLEASE PRINT (NO MEDICATION NAME ABBREVIATIONS)
ONE TIME AND RECURRING OUTPATIENTS

| | |
|--|---|
| HOME MEDICATION ON ADMISSION (Prescriptions, OTC, Vitamins, Patches, Inhalers, Eye Drops, Ointments, Creams, Herbals / Supplements) Physician Name: _____ Phone: _____ | Allergies: _____ Information Source: [] Patient [] Family [] Drug List [] Other: _____ |
|--|---|

Pharmacy Name: _____ Phone: (____) _____

| DATE | INIT | DRUG | DOSE | ROUTE | | | | FREQUENCY | LAST TAKEN | DISCONTINUE |
|------|------|------|------|-------|--------|--------|---------|-----------|------------|-------------|
| | | | | ORAL | INJECT | INHALE | TOPICAL | | | |
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(Interviewing Personnel) _____ (Date / Time) _____ (Interviewing Personnel) _____ (Date / Time) _____

| DATE | TIME | INIT | NEW DISCHARGE MEDICATIONS / CHANGES TO PREVIOUS HOME MEDICATIONS | | | | | REASON | DISCONTINUED |
|------|------|------|--|------|-------|-----------|--|--------|--------------|
| | | | DRUG | DOSE | ROUTE | FREQUENCY | | | |
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| Init _____ Signature _____ | REVIEW | Init _____ Signature _____ |
| Init _____ Signature _____ | | Init _____ Signature _____ |
| Init _____ Signature _____ | | Init _____ Signature _____ |
| Init _____ Signature _____ | | Init _____ Signature _____ |

ALLERGIES: *** SEE EMR FOR ALLERGIES ***

Patient / Responsible Person Signature: _____