Merrimack Valley Hospital

SURGICAL DAY / AMBULATORY OUT PATIENT SERVICES

Admission / Discharge Medication Reconciliation Record

Name: _____ DOB _____

Primary Care Physician: _____Admitting Physician _____ Date of admission: _____

Procedure: _____

Chronic Conditions: _____

Allergy to medication or foods:´ No Know Drug Allergies´ No Known Food Allergies

Allergy	Reaction experienced

Record **all** medications you are currently taking, including over the counter and herbal medications.

Please bring completed Medication list to your Pre-Admission Testing appointment.

(To be completed by RN)

Verified by RN	Name of Medication	Date of last dose

Medication Reconciliation completed RN: _____ Date: _____ Time: _____

Prescriptions given for new medication: ☐ No ☐ Yes

Medication	Dose	Frequency	Used for	Teaching Method

Please take all medications listed above unless otherwise instructed.
Do not take medications that have been discontinued until instructed by your Physician.
Contact your PCP with questions regarding your Medications.

A copy of this medication record has been reviewed and given to me at discharge.
Patient: _____ Date/Time: _____

RN: _____ Date/ Time: _____