Northwest Hills Surgical Hospital

Patient's Personal Medications Reconciliation Record

ALLERGY / INTOLERANCE / SENSITIVITY

MEDICATIONS PRIOR TO ADMISSION** ☐**From patient** ☐**From responsible other**

(PLEASE LIST ALL MEDICATIONS (PRESCRIPTION AND OVER THE COUNTER), HERBALS, VITAMINS, PUMPS, PATCHES, INHALERS, DROPS, SPRAYS, AND/OR OINTMENTS YOU ARE CURRENTLY TAKING)

MEDICATION (include strength)	DIRECTIONS (Route, Frequency)	When Normally Taken	CONTINUE MEDS? IN HOSPITAL Yes	IN HOSPITAL No	AFTER DISCHARGE Yes	AFTER DISCHARGE No

*****FOR HOSPITAL USE ONLY*****

To the best of my knowledge, this is a complete list of my current medications:

Patient / Responsible Other _____ Date_____

Nurse Reviewing Information _____ Date_____

****Based on information received from the patient/responsible other during this visit.**

DISCLAIMER: PATIENT SHALL NOT HOLD SURGICAL HOSPITAL OF AUSTIN OR ANY OF ITS PROVIDERS RESPONSIBLE FOR MEDICATIONS ORDERED BY OTHER ORGANIZATIONS OR PROVIDERS.

*****FOR HOSPITAL USE ONLY*****

PRESCRIPTIONS GIVEN AT DISCHARGE

Medication (include strength)	Directions (Route, Frequency, Use)	NEXT DOSE

RESUME ALL MEDICATIONS UPON DISCHARGE UNLESS OTHERWISE INSTRUCTED BY PHYSICIAN

Copy given to patient at discharge. Patients should give this form to their primary care physician at their next appointment.

Nurse _____ Date _____

Patient/Other _____

MD Signature:_____

PATIENT IDENTIFICATION