



UNIVERSITY MEDICAL CENTER
1501 North Campbell Ave.
Tucson, Arizona 85724



MEDICATION LIST & RECONCILIATION FORM

MEDICAL RECORD#

DOB

NAME

VISIT#

<input type="checkbox"/> NO KNOWN DRUG ALLERGIES	<input type="checkbox"/> NO KNOWN FOOD ALLERGIES	<input type="checkbox"/> NO KNOWN ENVIRONMENTAL ALLERGIES
Allergies (Drugs/ Food /Environmental/Latex/Dyes):		Reactions/Side Effects

For Female Patient: Lactating: Yes No Pregnant: Yes No Plans to Breast Feed: Yes No

Document source of medication list (check all used):

- Patient/Family Verbal History
- Unable to obtain a medication history (Reason): _____
- Other Source: _____

TAKING NO MEDICATIONS (OTCs, herbals, patches, inhalers, eye drops, or supplements)

Home Medications on Admission (Prescriptions, OTC, Herbals, Patches, Inhalers, Eye Drops, & Supplements)		DISCHARGE MEDICATIONS *			LIP INITIALS
Medication Name	Dose/Route/Frequency	Resume at home dose	Use new dose	DO NOT Resume on discharge	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medication List Reviewed and Incorporated into Plan of Care

Physician Signature	Initials	ID#	Date	Time(Military)

Nurse Signature	Initials	ID#	Date	Time(Military)

Patient Given Copy of Form