TOWER CLOCK SURGERY CENTER
MEDICATION RECONCILIATION LIST

Completed By:_____ **Source(s): □ PT □ Family □ MD □ H&P**

Name of Pharmacy Used_____

Medication Allergies: List all Medication allergies and their reactions □ NKDA

Allergy/Reaction	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Hives □ Rash □ Itching □ Anaphylactic □ Other

Food Allergies □ **No known food allergies** □ **List all Food allergies and their reactions**

Allergy/Reaction	

Other Allergies □ **No known other allergies** □ **List all allergies and reactions**

Allergy/Reaction	□ Latex Allergy □ Hives □ Rash □ Itching □ Anaphylactic □ Other
	□ Adhesive Allergy □ Hives □ Rash □ Itching □ Anaphylactic □ Other

Current Medications

□ See attached patient Medication List □ no medications as reported by patient

Medication Name	Dose Example: mg, units	Route By Mouth Unless Otherwise Indicated.	How Often Example: daily, twice a day, As needed	Discontinued
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		
		□PO □INH □SQ □ GTT □ Other		

Medication Lists Reviewed with each Admission

ASC USE ONLY				
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:
	Med list reviewed with Patient	□ Yes □ No	Date/Time	By:

Patient Name Sticker