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				
		□ No known food allergies □ List all Food allergies and their reactions				
Food Allergies		□ No know	vn 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				
/ morgy/redealer		□ Adhesive Allergy □ Hives □ Rash □ Itching □ Anaphylactic □ Other				
				Current Medications		
	See attach	ed patient	Medication		cations as reporte	ed by patient
	See attach Medication			List no medic Route By Mouth Unless Otherwise	How Often Example: daily, twice a day,	ed by patient Discontinued
			Medication Dose	Route By Mouth Unless Otherwise Indicated. DO DINH SQ GTT	How Often	
			Medication Dose	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other PO INH SQ GTT	How Often Example: daily, twice a day,	
			Medication Dose	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other PO INH SQ GTT Other	How Often Example: daily, twice a day,	
			Medication Dose	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other PO INH SQ GTT Other	How Often Example: daily, twice a day,	
			Medication Dose	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other	How Often Example: daily, twice a day,	
			Medication Dose	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other PO INH SQ GTT	How Often Example: daily, twice a day,	
			Dose Example: mg, units	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other	How Often Example: daily, twice a day, As needed	
	Medication	Name	Dose Example: mg, units Medication Lis	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other	How Often Example: daily, twice a day, As needed	
	Medication Med list reviewed	Name	Medication Dose Example: mg, units Medication Lis	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other	How Often Example: daily, twice a day, As needed Imission By:	
>:	Medication Med list reviewed Med list reviewed	d with Patient	Medication Dose Example: mg, units Medication Lis Yes No Yes No	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other BE Reviewed with each Address Date/Time	How Often Example: daily, twice a day, As needed Imission By: By:	
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SE ONLY	Medication Med list reviewed	d with Patient	Medication Dose Example: mg, units Medication Lis Yes No Yes No Yes No Yes No	Route By Mouth Unless Otherwise Indicated. PO INH SQ GTT Other Date/Time Date/Time Date/Time Date/Time	How Often Example: daily, twice a day, As needed Standard	

Patient Name Sticker