

MEDICATION RECONCILIATION

Patient Name:

NHS No:

D.O.B:

Date of Admission:

ALLERGY STATUS

List of medication including: Herbal, OTC and Prescribed

Name, Form & Strength of medication	Dose & Frequency	Start/stop date	Amended on admission	Compliant Y or N

If any of the above medications require monitoring i.e. (Thyroxine, Clozapine, Lithium, Warfarin), complete the following:

Date of when patient last attended for monitoring:

Who undertook the monitoring?

Date monitoring clinic contacted to confirm attendance:

Information Sources (Must be at least 2 sources):

GP ↑ Carer ↑ Relative ↑ Medicines ↑ Nursing Home ↑ Doset Box ↑ Repeat ↑ Patient ↑
Other:

Name of person collecting information **Date:** **Time:**.....

Sign:

Contact No: