MEDICATION RECONCILIATION FORM

List all medical allergies including any medications, latex, metals, contrast dye, and adhesives:

ALLERGIES	REACTIONS	ALLERGIES	REACTIONS	ALLERGIES	REACTIONS

List all medications currently taking including over-the-counter medications and herbal supplements:

MEDICATIONS	DOSE	FREQUENCY	ROUTE	LAST DOSE TAKEN	COMMENTS

Bottom of this form be completed by WSC staff

☐ Continue all current medications as prescribed following your procedure today

☐ ON BLOOD THINNER: RESUME DATE _____

☐ Received new medications from physician PRIOR to this visit - Take these as prescribed

NEW MEDICATION/CHANGES TO MEDICATION FOLLOWING THIS VISIT

MEDICATION	DOSE	FREQUENCY	ROUTE	CONTINUE	COMMENT

Admission Nurse_____ **Date** _____**Time** _____

Discharge Nurse _____ **Date** _____**Time** _____

Patient/Representative _____ **Date** _____ **Time** _____

Physician _____ **Date**_____ **Time**_____