SouthShore
Ambulatory Surgery Center

Patient Identification Label

MEDICATION RECONCILIATION RECORD

Allergies: Drug/Foods	Reactions/Side Effects

❑ No Known Drug Allergies

Latex allergy or sensitivity? ❑ Yes ❑ No If yes, describe: _____

Are you allergic to iodine or radiocontrast agents? ❑ Yes ❑ No

❑ On No Medications at Home	❑ Liquid Meds Only	Local Pharmacy Phone
❑ Swallows pills	❑ Crushes pills	Unable to obtain Medication History Reason: _____

Home and Current Medications on Admission (Prescriptions, OTC, Patches, Inhalers, Eye Drops, Vitamins & Herbal Supplements)					Physician Medication Orders on Admission (check Only One)		
Drug Name	**Dose**	**Route**	**Frequency**	**Last Taken Date/Time**	**Continue Medication**	**Do not Continue Medication**	**Change Medication**
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑
					❑	❑	❑

Data collection by RN: _____ Initials: _____ Date/Time: _____

❑ The treatment/procedure you received today **Will Not** change your current medications.

❑ The treatment/procedure you received today **Will** change your current medications/dose/schedule, as follows:

Changes to Current Medications

_____

_____

_____

_____

New Prescriptions

_____

_____

_____

_____

Physician's Signature: _____ Print Name: _____ Date/Time: _____