

**Methodist Le Bonheur Healthcare
OUTPATIENT MEDICATION RECONCILIATION**

Patient Label

Patient Name: _____ Ht: _____ Wt: _____

- No Home Medications (including over the counter drugs & herbal preparations)
 Unable to Obtain Medication History – Reason _____

Allergies: _____

Source of information:

- Self Family Member MD Office Old Chart Other
 Med Bottles List Pharmacy H&P

Current Home Medications (Including Over the Counter Drugs & Herbal Preparations)

Drug (Patient Complete)	Dose (Patient Complete)	How Often? (Patient Complete)	Stop Taking	Special Instructions
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Above is a list of medications this patient or his/her representative told us he/she was taking before coming to the hospital. The physician has reviewed these medications to see if there is any conflict with new medications the patient is being prescribed and will be taking after discharge. **Unless marked "STOP TAKING" the patient will be instructed to continue taking these medications as described in SPECIAL INSTRUCTIONS.** The patient will be encouraged to review these medications with his/her personal physician on a regular basis.

**List of Additional Medications Prescribed in Patient Friendly Terms
(To Be Completed by Physician or Clinical Staff Member)**

Drug	Dose	How to Take?	How Often?	Additional Instructions

Name of next physician patient is scheduled to visit _____ Same as above Next provider unknown

