

Medication Reconciliation Form

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Patient information

Name and date of birth:

Community pharmacy name:

Community pharmacy number:

Medication management:

- ☐ Self-administration
- ☐ Caregiver administration

Medication allergies (Medication names and reactions):

Medication information obtained from (select all that apply):

- ☐ Patient interview
- ☐ Family/caregiver interview
- ☐ EHR/EMR
- ☐ Pharmacy
- ☐ Medication vials/boxes/bottles
- ☐ Blister packs
- ☐ Admission medication reconciliation
- ☐ Discharge medication order form
- ☐ Outside facility medication list
- ☐ Patient's own medication list
- ☐ Other

Best possible medication history

BPMH completed by:

Date:

Medication 1

Medication name:

Dose:

Route:

Frequency:

Indication:

Prescribed by:

Discrepancy:

Resolution plan:

Action:

- ☐ Start
- ☐ Continue
- ☐ Stop

Medication 2

Medication name:

Dose:

Route:

Frequency:

Indication:

Prescribed by:

Discrepancy:

Resolution plan:

Action:

- ☐ Start
- ☐ Continue
- ☐ Stop

Medication 3

Medication name:

Dose:

Route:

Frequency:

Indication:

Prescribed by:

Discrepancy:

Resolution plan:

Action:

- ☐ Start
- ☐ Continue
- ☐ Stop

Medication 4

Medication name:

Dose:

Route:

Frequency:

Indication:

Prescribed by:

Discrepancy:

Resolution plan:

Action:

- ☐ Start
- ☐ Continue
- ☐ Stop

Medication 5

Medication name:

Dose:

Route:

Frequency:

Indication:

Prescribed by:

Discrepancy:

Resolution plan:

Action:

- ☐ Start
- ☐ Continue
- ☐ Stop

Reconciled medication list

Approved by:

Date:

Medication 1

Medication name:

Dose:

Route:

Frequency:

Indication:

Comments:

Medication 2

Medication name:

Dose:

Route:

Frequency:

Indication:

Comments:

Medication 3

Medication name:

Dose:

Route:

Frequency:

Indication:

Comments:

Medication 4

Medication name:

Dose:

Route:

Frequency:

Indication:

Comments:

Medication 5

Medication name:

Dose:

Route:

Frequency:

Indication:

Comments: