JASC MEDICATION RECONCILIATION FORM

Surgery Pre-Op Medication Reconciliation List

Patient Name: **Allergies:**

Please include all prescription, over-the-counter, vitamins and herbal / natural medications taken routinely prior to admission.

Data Source: ☐ Patient ☐ Family ☐ Other: ______ **Patient's Pharmacy & Phone #:** ______

Medication	Dosage	Frequency (When)	Indication (Why Taking Meds)	Medication Taken Day of Surgery	Resume as Pre-Op √	Add to List √	Discontinue √
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							

Attention: Please continue to page 2, if you have additional medications to list.

PHYSICIAN TO COMPLETE THIS SECTION: Post- Op Medication Orders ☐ See page 2 for Additional Medications ☐ No change; take all medications as listed ☐ Add (see above) ☐ Change (see above) ☐ Discontinue (see above)

NOTES:

Patient Signature Date

Physician Signature Date

Signature of RN Verifying Medication List Date

Signature of Discharge RN Date

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Surgery Pre-Op Medication Reconciliation List

Medication	Dosage	Frequency (When)	Indication (Why Taking Meds)	Medication Taken Day of Surgery	Resume as Pre-Op √	Add to List √	Discontinue √
17)							
18)							
19)							
20)							
21)							
22)							
23)							
24)							
25)							
26)							
27)							
28)							
29)							
30)							
31)							
32)							
33)							
34)							
35)							