Student Name: ______________________________ **Date**: ____________

MEDICATION RECONCILIATION FORM

Demographic Information

Name | Physician | Interview Date:

Age | Height | Weight | Gender | Race

Occupation | Annual Income (circle): up to $20,000 | $21,000 to $40,000 | $41,000 to $60,000 | more than $61,000

Insurance | Prescription Copay: Brand _________ Generic _________ No Rx Coverage

Health History

Allergies (Describe)

Adverse Drug Reactions (Describe)

Current Medical Concerns

Past Medical History/Surgery

Social History and Lifestyle

☐ tobacco use ______________________ ☐ alcohol use ______________________

Vaccination History

Date of last influenza vaccine: __________ TIV / LAIV Date of last pneumococcal vaccine: __________

Nonprescription Drug Medications

Drug Name/Strength/Route	Schedule / Length of Therapy	Reason for use

	Bottle # 1
Drug Name (per Rx label)	
Strength and Dosage Form	
SIG on Label	
MD Name	
Quantity **Day's Supply**	
Reason for Use (stated by patient)	
Takes currently? **How long taken?**	☐ Yes ☐ No
Stated Compliance w/SIG	☐ Rarely ☐ Some ☐ Mostly ☐ Always
Actual Dosing Times	
Administration Considerations **Proper administration?**	☐ Empty Stomach ☐ With Food ☐ With Water/Juice ☐ Yes ☐ No
Does patient's stated duration match days supply?	☐ Yes ☐ No
Side Effects or Adverse Drug Reactions	
Notes/Comments	

Drug Therapy Assessment		
Drug Allergy or Intolerance	• Is the patient allergic to or intolerant to this medication?	
Drug Therapy and Medical Problems	• Does the drug have a medical indication?	
Appropriate Drug Selection	• What is the comparative efficacy of the chosen medication? • What is the relative safety of the chosen medication? • Is the patient utilizing generic drugs as much as possible?	
Therapeutic Duplication	• Does this medication duplicate any other therapy?	
Drug Regimen	• Is the prescribed dose and dosing frequency appropriate - within the usual therapeutic range and/or modified for patient factors? • Is the length or course of therapy appropriate?	
Adverse Drug Events	• Are there symptoms of medical problems that may be drug induced? What is the likelihood that the problem is drug related?	
Interactions: Drug-Drug, Drug-Disease	• Does this medication cause any significant drug-drug interactions? • Is this medication contraindicated (relatively or absolutely) given patient characteristics and current/past disease states?	
Potential Fraud or Abuse	• Does the patient have a history of multiple controlled substance prescriptions & multiple physicians? • Is the length or course of therapy for all controlled substances appropriate?	

Medication Reconciliation	
Order Needs Clarification or Alteration? ☐ No ☐ Yes	If Yes, Suggestion:
Admission Med	☐ Yes ☐ No
Transfer Med	☐ Resume ☐ Do Not Resume
Discharge Med	☐ Resume on D/C ☐ Do Not Resume on D/C
RPh Review Completed by:	

	Bottle # 2
Drug Name (per Rx label)	
Strength and Dosage Form	
SIG on Label	
MD Name	
Quantity **Day's Supply**	
Reason for Use (stated by patient)	
Takes currently? **How long taken?**	☐ **Yes** ☐ **No**
Stated Compliance w/SIG	☐ **Rarely** ☐ **Some** ☐ **Mostly** ☐ **Always**
Actual Dosing Times	
Administration Considerations **Proper administration?**	☐ **Empty Stomach** ☐ **With Food** ☐ **With Water/Juice** ☐ **Yes** ☐ **No**
Does patient's stated duration match days supply?	☐ **Yes** ☐ **No**
Side Effects or Adverse Drug Reactions	
Notes/Comments	

Drug Therapy Assessment		
Drug Allergy or Intolerance	• Is the patient allergic to or intolerant to this medication?	
Drug Therapy and Medical Problems	• Does the drug have a medical indication?	
Appropriate Drug Selection	• What is the comparative efficacy of the chosen medication? • What is the relative safety of the chosen medication? • Is the patient utilizing generic drugs as much as possible?	
Therapeutic Duplication	• Does this medication duplicate any other therapy?	
Drug Regimen	• Is the prescribed dose and dosing frequency appropriate - within the usual therapeutic range and/or modified for patient factors? • Is the length or course of therapy appropriate?	
Adverse Drug Events	• Are there symptoms of medical problems that may be drug induced? What is the likelihood that the problem is drug related?	
Interactions: Drug-Drug, Drug-Disease	• Does this medication cause any significant drug-drug interactions? • Is this medication contraindicated (relatively or absolutely) given patient characteristics and current/past disease states?	
Potential Fraud or Abuse	• Does the patient have a history of multiple controlled substance prescriptions & multiple physicians? • Is the length or course of therapy for all controlled substances appropriate?	

Medication Reconciliation	
Order Needs Clarification or Alteration? ☐ **No** ☐ **Yes**	If Yes, Suggestion:
Admission Med	☐ **Yes** ☐ **No**
Transfer Med	☐ **Resume** ☐ **Do Not Resume**
Discharge Med	☐ **Resume on D/C** ☐ **Do Not Resume on D/C**
RPh Review Completed by:	

	Bottle # 3
Drug Name (per Rx label)	
Strength and Dosage Form	
SIG on Label	
MD Name	
Quantity **Day's Supply**	
Reason for Use (stated by patient)	
Takes currently? **How long taken?**	☐ Yes ☐ No
Stated Compliance w/SIG	☐ Rarely ☐ Some ☐ Mostly ☐ Always
Actual Dosing Times	
Administration Considerations	☐ Empty Stomach ☐ With Food ☐ With Water/Juice
Proper administration?	☐ Yes ☐ No
Does patient's stated duration match days supply?	☐ Yes ☐ No
Side Effects or Adverse Drug Reactions	
Notes/Comments	

Drug Therapy Assessment		
Drug Allergy or Intolerance	• Is the patient allergic to or intolerant to this medication?	
Drug Therapy and Medical Problems	• Does the drug have a medical indication?	
Appropriate Drug Selection	• What is the comparative efficacy of the chosen medication? • What is the relative safety of the chosen medication? • Is the patient utilizing generic drugs as much as possible?	
Therapeutic Duplication	• Does this medication duplicate any other therapy?	
Drug Regimen	• Is the prescribed dose and dosing frequency appropriate - within the usual therapeutic range and/or modified for patient factors? • Is the length or course of therapy appropriate?	
Adverse Drug Events	• Are there symptoms of medical problems that may be drug induced? What is the likelihood that the problem is drug related?	
Interactions: Drug-Drug, Drug-Disease	• Does this medication cause any significant drug-drug interactions? • Is this medication contraindicated (relatively or absolutely) given patient characteristics and current/past disease states?	
Potential Fraud or Abuse	• Does the patient have a history of multiple controlled substance prescriptions & multiple physicians? • Is the length or course of therapy for all controlled substances appropriate?	

Medication Reconciliation	
Order Needs Clarification or Alteration? ☐ **No** ☐ **Yes**	If Yes, Suggestion:
Admission Med	☐ **Yes** ☐ **No**
Transfer Med	☐ **Resume** ☐ **Do Not Resume**
Discharge Med	☐ **Resume on D/C** ☐ **Do Not Resume on D/C**
RPh Review Completed by:	

	Bottle # 4
Drug Name (per Rx label)	
Strength and Dosage Form	
SIG on Label	
MD Name	
Quantity **Day's Supply**	
Reason for Use (stated by patient)	
Takes currently? **How long taken?**	☐ **Yes** ☐ **No**
Stated Compliance w/SIG	☐ **Rarely** ☐ **Some** ☐ **Mostly** ☐ **Always**
Actual Dosing Times	
Administration Considerations **Proper administration?**	☐ **Empty Stomach** ☐ **With Food** ☐ **With Water/Juice** ☐ **Yes** ☐ **No**
Does patient's stated duration match days supply?	☐ **Yes** ☐ **No**
Side Effects or Adverse Drug Reactions	
Notes/Comments	

Drug Therapy Assessment		
Drug Allergy or Intolerance	• Is the patient allergic to or intolerant to this medication?	
Drug Therapy and Medical Problems	• Does the drug have a medical indication?	
Appropriate Drug Selection	• What is the comparative efficacy of the chosen medication? • What is the relative safety of the chosen medication? • Is the patient utilizing generic drugs as much as possible?	
Therapeutic Duplication	• Does this medication duplicate any other therapy?	
Drug Regimen	• Is the prescribed dose and dosing frequency appropriate - within the usual therapeutic range and/or modified for patient factors? • Is the length or course of therapy appropriate?	
Adverse Drug Events	• Are there symptoms of medical problems that may be drug induced? What is the likelihood that the problem is drug related?	
Interactions: Drug-Drug, Drug-Disease	• Does this medication cause any significant drug-drug interactions? • Is this medication contraindicated (relatively or absolutely) given patient characteristics and current/past disease states?	
Potential Fraud or Abuse	• Does the patient have a history of multiple controlled substance prescriptions & multiple physicians? • Is the length or course of therapy for all controlled substances appropriate?	

Medication Reconciliation	
Order Needs Clarification or Alteration? ☐ **No** ☐ **Yes**	If Yes, Suggestion:
Admission Med	☐ **Yes** ☐ **No**
Transfer Med	☐ **Resume** ☐ **Do Not Resume**
Discharge Med	☐ **Resume on D/C** ☐ **Do Not Resume on D/C**
RPh Review Completed by:	