	6-Hyle	1/4	1 3/8 c
OUTPAT	ENI	7	

MEDICATION RECONCILIATION

	5 //	S. I. T. 60.							
Allergies: Drug/Foods	Reactions/S	Side Effect			Latex allergy	_			
			If yes, describe type of reaction:						
	Yes No Are you allergi					c to iodine or ra	ndiocontrast age	ents?	
			□ No	Known I	Orug Allergies				
☐ On No Medications at Home ☐ Swallows pills	Liquid Crushe		У	Local Ph Unable t	armacy o obtain Medicat	Phone tion History			
_ swanows pms				Reason:					
Home and Current	Madiaatian	A J:				Dh	raisian Madisa	tion.	
(Prescriptions, OTC, 1				Ore	vsician Medica ders on Admiss	sion			
Vitamins & I						ì	heck Only On		
Drug Name	Jame Dose Route Freque		ncy	Last Taken Date/Time	Continue Medication	Do not Continue Medication	Change Medication		
Data collection by RN					Da	te/Time:			
Source of Information: □ The treatment/procedure y		-	_	-					
☐ The treatment/procedure y Changes To Current Medicati		d today <u>W</u>	ill change you		t medications/dew Prescriptions		as follows:		
				_					
				_					
Copy sent/faxed to M.D. Signature:		D:	ate/Time:						

Bethesda North Good Samaritan
TriHealth

PATIENT IDENTIFICATION LABEL

Print Name:

6-Hole 1/4 1 3/8 c-to-c	
OUTPATIENT	

MEDICATION RECONCILIATION

Allergies: Drug/Foods On No Medications at Home		Meds Only	If yes,	Known l	type of reaction: Are you allergi Drug Allergies	c to iodine or ra	ndiocontrast age	ents?
Home and Current (Prescriptions, OTC,	Patches, Inl	s on Admis		Unable t Reason:	o obtain Medicat	Phy Oro	vsician Medica ders on Admiss check Only On	sion
Drug Name	Vitamins & Herbal Supplements) Drug Name Dose Route F		Freque	ncy	Last Taken Date/Time	Continue Medication	Change Medication	
Data collection by RN Source of Information: The treatment/procedure y The treatment/procedure y Changes To Current Medicati	rou received rou received ons	d today <u>W</u> i d today <u>W</u> i	i <u>ll</u> change yo	e your cour currer	urrent medicatio	lose/schedule	as follows:	
Copy sent/faxed to M.D. Signature:		Da	ate/Time:					

Bethesda North Good Samaritan
TriHealth

PATIENT IDENTIFICATION LABEL

6-Hole 1/4 1 3/8 c-to-c	
OUTPATIENT	

MEDICATION RECONCILIATION

Allergies: Drug/Foods On No Medications at Home		Meds Only	If yes,	Known l	type of reaction: Are you allergi Drug Allergies	c to iodine or ra	ndiocontrast age	ents?
Home and Current (Prescriptions, OTC,	Patches, Inl	s on Admis		Unable t Reason:	o obtain Medicat	Phy Oro	vsician Medica ders on Admiss check Only On	sion
Drug Name	Vitamins & Herbal Supplements) Drug Name Dose Route F		Freque	ncy	Last Taken Date/Time	Continue Medication	Change Medication	
Data collection by RN Source of Information: The treatment/procedure y The treatment/procedure y Changes To Current Medicati	rou received rou received ons	d today <u>W</u> i d today <u>W</u> i	i <u>ll</u> change yo	e your cour currer	urrent medicatio	lose/schedule	as follows:	
Copy sent/faxed to M.D. Signature:		Da	ate/Time:					

Bethesda North Good Samaritan
TriHealth

PATIENT IDENTIFICATION LABEL