Date w	/t IDSKg OI ☐ Actual ☐Stated		Cation: LIED L Other	Radiology	
	Allergies: Denie	s 🗌 La	tex Sensitivity		
Meds/Foods/Dyes/Other	Reaction	Meds/Foo	ds/Dyes/Other	Reaction	
Information obtained from:	Patient/Family ☐ Pharmacy	☐ Medicine	Bottles Oth	ner:	
Primary Care Provider:			Office location:		
Pharmacy Name: Phone number:					
HOME MEDICINE/ DOSE/FREQUENCY Patient-friendly terms only (Include concentration for liquids; all routes are by mouth unless listed otherwise Patient not taking any home medicines			Date/time of last dose prior to visit ("UNK" if	Outpatient instructions: unless noted below, continue to take your medicines as prescribed prior to your	
☐ Patient unclear about home medicines/doses/frequencies on entry			unknown)	outpatient visit.	
History Taken by:	Date:	Time:		☐ also see addendum form	
Review list with patient/responsib		Time.			
Following MD update/signature, faxed to next care provider(s): Name(s): (\lambda \text{(Mrite "INW" if unknown \ranger})					
(Write "UNK" if unknown.) Document Reviewed By MD/DDS (MD signature not required if patient is admitted; admission/discharge form should be initiated):					
Document Neviewed By Ind	IND Signature not required it pe	allerit is aurillieu	, admission/discharg		
Signature:		Date:		Time:	
New Discharge Medicines (name, dose and frequency): ☐ No new medicines					
Discharge RN Signature:			Date:	Time:	
Patient/Responsible Party Signature:			Or refer to ED Logicare documentation for signature		

Carolinas HealthCare System

MEDICINE RECONCILIATION FORM

Outpatient Visit page 1 of 2 version 5-5-08

Patient Identifier



Patients:

- 1. **Always keep this form with you.** If you need help, ask a Nurse, Pharmacist, or a Doctor to help you fill out this form.
- 2. This list of medicines is based on information you or a family member gave the hospital or doctor's office and any available records. If you have questions about your medicines, please ask your primary care provider (doctor or nurse) or pharmacist.
- 3. Take this form to <u>all</u> Doctor visits and <u>all</u> medical testing (example: lab, x-ray, MRI, CT). Take this form to <u>all</u> pre-assessment visits for admission, surgery, and hospital visits (ER, hospital admission, or out-patient visit).
- 4. Change this form as changes are made to your medicines. If a medicine is stopped, draw a line through it and write the date the medicine is stopped. For example, if you are taking Digoxin and the doctor tells you to stop taking it on August 16, this is how you mark the form. Digoxin 8/16/06
- 5. If you have a medical test, bring this form with you. A Doctor or Nurse will look at the form and make sure it has the right information. They will give you the form back.
- 6. If you are in the hospital and are being discharged, you will receive a new form, which will have all of the medicines you need to take. Someone will help you read the form and will give you a copy of it. When you get the new form, throw away the old one. When you return to your doctor, take your new form with you. This form keeps you, your family, and your healthcare providers up to date on your medicines.
- 7. Tell your family, friends, and neighbors about the benefits of using this form.

HOW DOES THIS FORM HELP YOU?

By using this form, it:

- 1. Reduces confusion and saves you time.
- 2. **Improves communication**. Provides your family/healthcare providers with a current list of <u>all</u> of your medicines.
- 3. **Improves Medicine Safety.** Medicines that cannot be taken with other medicines are corrected. If you are taking two medicines that are the same, the pharmacist, doctor, or nurse can correct it.