

ADMISSION MEDICATION RECONCILIATION FORM – STUDENT WORKSHEET¹

NOTE THIS IS NOT A VALID PRESCRIPTION

Medication Reconciliation Orders (Page 1 of 2)	Patient Initials:	Date:
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Clinical Information as per PharmaNet:
Adverse Reaction(s) as per PharmaNet (refer to facility-specific documentation for current status):

Please note that the patient's PHARMANET profile MAY contain discontinued medications and MAY NOT contain updated instructions the patient may have received from their physician or such items as non-prescription drugs, samples, investigational or clinical trial drugs, complementary and alternative therapies, selected prescriptions obtained through provincial programs (e.g. antiretrovirals) or prescriptions obtained from outside the province or over the internet.

Medication History		Medication Orders
Medications as per PharmaNet	Verified with: D patient Dother:	
	<input type="radio"/> Taking differently (specify): <input type="radio"/> Per PharmaNet <input type="radio"/> No longer taking <input type="radio"/> Unable to verify Last dose taken at:	<input type="radio"/> Give as per verified history <input type="radio"/> Give as per PharmaNet <input type="radio"/> Discontinue <input type="radio"/> Change to:
	<input type="radio"/> Taking differently (specify): <input type="radio"/> Per PharmaNet <input type="radio"/> No longer taking <input type="radio"/> Unable to verify Last dose taken at:	<input type="radio"/> Give as per verified history <input type="radio"/> Give as per PharmaNet <input type="radio"/> Discontinue <input type="radio"/> Change to:
	<input type="radio"/> Taking differently (specify): <input type="radio"/> Per PharmaNet <input type="radio"/> No longer taking <input type="radio"/> Unable to verify Last dose taken at:	<input type="radio"/> Give as per verified history <input type="radio"/> Give as per PharmaNet <input type="radio"/> Discontinue <input type="radio"/> Change to:
	<input type="radio"/> Taking differently (specify): <input type="radio"/> Per PharmaNet <input type="radio"/> No longer taking <input type="radio"/> Unable to verify <input type="radio"/> Last dose taken at:	<input type="radio"/> Give as per verified history <input type="radio"/> Give as per PharmaNet <input type="radio"/> Discontinue <input type="radio"/> Change to:

Medication History taken by: Prescriber or Designation: _____ Date and Time: _____ Initials: _____	Prescriber: Date _____ Time _____ Signature <i>N/A as this is not a valid prescription</i> Printed Name _____ College ID _____
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Medication Reconciliation (Page 2 of 2)	Patient Initials:	Date:
Clinical Information as per PharmaNet: Adverse Reaction(s) as per PharmaNet (refer to facility-specific documentation for current status):		
Additional Medication History D Not taking any/additional medications (herbal, non-prescription, antiretroviral, sample, etc.)	Medication Orders	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Drug, Dose, Route, Frequency, and Duration	<input type="radio"/> Give as per verified history <input type="radio"/> Discontinue <input type="radio"/> Change to:	
Medication History taken by:	Prescriber:	
Prescriber or	Date _____ Time _____	
Designation: _____	Signature <i>N/A as this is not a valid prescription</i>	
Date and Time: _____	Printed Name _____ College ID _____	
Initials: _____		