PATIENT HOME MEDICATIONS – Medication Reconciliation

Complete information on prescription & over-the-counter medications, herbs and vitamins.

ALLERGIES: _____

_____

Prescription & OTC Drugs, Herbs & Vitamin Name(s)	Dose	Frequency (How Often Taken)	Date & Time Last Taken

FOR STAFF USE: Information Source on Admission

□ **Patient** □ **Caregiver / Parent** □ **Written List** Nurse Initials _____

NEW MEDICATIONS PRESCRIBED AT IOS (to be completed by RN)

DRUG NAME	DOSE	ROUTE	FREQUENCY	LAST TAKEN

Nurse Initials _____

INSTITUTE OF ORTHOPAEDIC SURGERY
2800 E. Desert Inn Road, Suite 150
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702-735-7355

PATIENT IDENTIFICATION