INVENTORY OF HOME MEDICATIONS

□ Identified by Prescription Bottles □ Patient Currently on No Medication at Home □ Other: □ Patient/Family Listed Current Medications. □ Medications/List Unavailable						
	See attached MAR from N	1				
DAT	E:/	ALLEI ——	RGIES:			
CURRENT MEDICATIONS TAKEN:		STRENGTH:	PRESCRIBED REGIMEN:	LAST DOSE DATE/TIME:	REASON FOR USE:	ADMISSION RECONCILIATION
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NURSING/PHARMACY						
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	REMEMBER TO INCLUDE: INHALERS, BIRTH CONTROL PILLS, HERBAL SUPPLEMENTS/VITAMINS, OTC MEDS (Ex., ASA), INSULIN, PATCHES AND OXYGEN.					
	Medications Listed By:					
	Admission Reconciliation Complete	// Tim	// Time:			
	Signature Note: In order for any of these medications to be continued, this form must be completed and signed by the attending physician.					
z	ALL MEDS TO BE CONTINUED AS LISTED ABOVE: YES NO					
PHYSICIAN	CONTINUE HOME MEDS AS LISTED EXCEPT FOR THE FOLLOWING CHANGES:					
F	Date:// V.O./T.O./W.O.: MD's Signature:					