

**THE CHRIST HOSPITAL**  
Home Medication List For  
Outpatient Procedures  
(Medication Reconciliation)  
R-3537 Rev. 04/09

THE FOLLOWING ABBREVIATIONS ARE NOT PERMITTED FOR USE:  
IU,U (Units), QD (Daily), QOD (Every other day), 1.0 (1), .5 (0.5), MS, MSO4, MgSO4 (morphine sulfate, magnesium sulfate)

**Information Source:**    Patient    Spouse    Wallet/Info Card    Brought meds from home    Other: \_\_\_\_\_

**Allergies:**    No Known Drug Allergies    Latex

Allergies: Drug/Foods	Reactions/Side Effects

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**Home Medications:**    On no medications at home  
 Unable to obtain medication history   Reason: \_\_\_\_\_

Drug Name	Dose	Frequency	Last Taken

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Reviewing Staff Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

**POST PROCEDURE:**

- The procedure performed today does not change your current medications.
- NEW Rx \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_  
                     Frequency \_\_\_\_\_  
                     Rx \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_  
                     Frequency \_\_\_\_\_  
                     Rx \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_  
                     Frequency \_\_\_\_\_
- DISCONTINUE  
                     Rx \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_  
                     Frequency \_\_\_\_\_
- HOLD/RESUME \_\_\_\_\_



Patient/Other Responsible Person \_\_\_\_\_ Date / Time \_\_\_\_\_  
 Signature on Discharge \_\_\_\_\_

Discharging Staff Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

MD office \_\_\_\_\_ fax # \_\_\_\_\_ sent by \_\_\_\_\_  
 White- Chart   Yellow- Patient   Pink- Anesthesia