

## Medicines Reconciliation Form

## Allergies and sensitivities:

Recorded on PCIS/CERNER or primary prescription chart  (tick)

**Patient Name:**

**Date of Birth:**

**Hospital Number:**

**NHS Number:**

- Practitioners clerking patients complete this form on admission and file it in the Pharmacy section of the medical record
- Practitioners can add information as it becomes available (with signature and date)
- Document any changes to medicines on admission with reasons in the comments and changes section of the table
- Source of information

- Patient/family/carer
- Patient's own medicines
- Medicine list produced by patient

- Medicine list from GP
- Nursing home administration sheet
- Community pharmacy

- Recent discharge (date.....)
- Repeat prescription (date.....)
- Other .....

## Extra information needed for accurate medicine history:

Medicine issues e.g. poor compliance, blisterpack, recent acute medicines:

	Sign name	Print name	Designation	Date	Time	Contact
Medicine history initiated:						
Medicines history checked by:						
Medicines reconciliation verified:			Pharmacist			

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