

Central State Hospital

ADMISSION MEDICATION RECONCILIATION

- Source of list: Individual medication list
 Individual/Family recall
 Pharmacy: _____
 Primary care physician list
 Previous discharge paperwork
 Medication Administration Record from facility
 Other: _____

Allergies: _____

Pregnant? Yes No N/A Breast Feeding? Yes No N/A

List of Medications (Including over the counter/herbal medications/medicinal teas/etc.)

Name of Medication	Dose	Route	Frequency	Last Dose Taken		<i>Physician Only</i>	
				Date	Time	Continue?	Stop?

Person recording list of medications:

Printed name: _____ Signature: _____

Date _____ Time: _____

Physician:

Printed name: _____

Signature: _____

Date _____ Time: _____

Stamp Plate