

**Naval Hospital Oak Harbor
Medication List Reconciliation Form**

File under Progress Notes

PAGE _____ of _____

List below all of the patient's medications upon admission; home prescriptions, over the counter medications, vitamins, herbal supplements and nutraceuticals. *All hospital medication orders will be written on the Doctor's Order form, SF508.*

Source of Medication List: (check all used)

ALLERGIES:

Height _____ cm in

Weight _____ kg lbs

Patient is pregnant or lactating

Patient/Family recall Patient medication list CHCS I &/or II History and Physical

Previous discharge paperwork Other: _____

Check here if this is an addendum to or revision of a previously completed medication list reconciliation form

Medication Name <i>Use Generic or list reason if known</i> (Write legibly)	Dose (mg, mcg)	Route (PO, IV, Subcutaneous)	Frequency	Last Dose Date/Time

Use reverse side if additional space is needed

Signature of RN Obtaining Medication History: _____ **Print Name:** _____ **Date/Time:** _____

Upon TRANSFER from another inpatient area, I have reviewed/updated the above medication list.

RN Signature: _____ **Print Name (or stamp):** _____ **Date/Time:** _____

If patient is transferred to another medical facility or provider, a copy of this form and the Medication Administration Record (MAR) is sent with the patient or included with the copy of the medical record sent with patient to the accepting facility.

Upon DISCHARGE / TRANSFER from the hospital I have reconciled the patient's medications using this for, the Medication Administration Record (MAR) and the Discharge Orders.

Discharging RN Signature: _____ **Print Name (or stamp):** _____ **Date/Time:** _____

Patient Identification/Addressograph:

