

ECMC MEDICATION RECONCILIATION FORM	
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ALLERGIES: (INCLUDE MEDICATION/FOOD/NICKEL/LATEX)

ALLERGIC TO:	REACTION	ALLERGIC TO:	REACTION	ALLERGIC TO:	REACTION
				NONE KNOWN	_____

MEDICATIONS/DOSE/FREQUENCY (include over the counter, supplements, herbals)	LAST DOSE

ADMITTING RN _____ DISCHARGE RN _____
 COPY GIVEN TO PATIENT

<input type="checkbox"/> MAY RESUME YOUR USUAL MEDICATIONS HOLD THE FOLLOWING MEDICATIONS _____ FOR _____ DAYS NEW MEDICATIONS PRESCRIBED AT DISCHARGE _____ PHYSICIAN'S SIGNATURE _____ DATE _____
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