

Patient Home Medication List – Medication Reconciliation

Provided by the Patient/Surrogate
 (Include prescriptions, over the counter, herbals, vitamins and birth control pills/patch)

Allergies	<input type="checkbox"/> NKAS	<input type="checkbox"/> Allergies: Note below
	(No Known Allergies or Sensitivities)	
		<input type="checkbox"/> Latex/Rubber <input type="checkbox"/> Adhesive

	Medication(s)	Dose	Comment
Medications			

Review the Allergies and Medications for the patient – Healthcare Provider Signature

Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -