SAN ANTONIO REGIONAL HOSPITAL

Ambulatory Services
Medication Reconciliation Record

List all medications that you are currently taking at home including those prescribed by a physician and over-the-counter drugs such as vitamins, Aspirin, Tylenol and herbals.

☐ **Does not take any medications**

Medicine	**Dose/ strength** (mg, mcg, grams, etc.)	**Route** (How do you take it?)	**Schedule** (How often do you take?)	**Dr. who ordered med**	**Last taken**	**Convert to inpatient medication check "yes" in column.**	**Continue taking on release from the hospital those checked "yes" in shaded column.**	**Special Instruction**	**Dr. initial**
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
						☐yes	☐yes ☐no		
Medications added during hospital stay (include discharge medication)									
							☐yes ☐no		
							☐yes ☐no		
							☐yes ☐no		

The medication list is intended to be a complete record of medications to take upon release from the hospital. Continue taking all medications checked "yes" in the shaded column. This record is based upon the information provided by you and your family members upon admission and any new medications added as a result of this hospitalization. Questions regarding any medications should be directed to the prescribing physician.

Physician Signature (required for med conversion)

Admission Nurse Signature/Date

Discharge Nurse Signature/Date

Patient Acknowledgement

SA000310

#5296 (Rev. 8/11) mm

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Medication Reconciliation Record

CONTINUED FROM PAGE 1

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_____ _____

Physician Signature (required for med conversion) Admission Nurse Signature/Date

_____

Discharge Nurse Signature/Date Patient Acknowledgement