

# MEDICATIONS PRIOR TO ADMISSION - RECONCILIATION AND ORDER FORM

**Allergies / Intolerances & Reactions**  
 None Known                       Unable to Obtain

No Home Medications                       Unable to Obtain Medication History

Medications Taken Prior to Admission List all regularly scheduled and PRN medications (Including prescription, OTC, drops, patches, creams, injections, inhalers) Medication, Dose, Route and Frequency	PHYSICIAN'S Review & Order Review each medication and check off appropriate box			Reason for Changing or Not Ordering
	Continue	Change (see below)	Do Not Order	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>PHYSICIAN'S Changed Orders</b> Write changes to medications prior to admission (ie: medications listed above)	<b>Information Source:</b>	
	<input type="checkbox"/> Bubble Pack	<input type="checkbox"/> Medication Administration Record
	<input type="checkbox"/> DPIN	<input type="checkbox"/> Medication Vials
	<input type="checkbox"/> Family Recall	<input type="checkbox"/> Patient Recall
	<input type="checkbox"/> HOME Medication List	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Other _____		

Physician Signature: \_\_\_\_\_ Physician Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medication History Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Orders Faxed/Sent to Pharmacy    Date: \_\_\_\_\_ Time: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**DO NOT REMOVE OR THIN FROM THE CHART**  
Please place Reconciliation Forms in the Orders Section

## Instructions for Use

### Guidelines:

This is a physician order form for medications taken prior to admission, to be completed on all patients on admission.

### Procedure:

1. Complete the "Allergies / Intolerances & Reactions" section. Check the appropriate box if there are no known allergies or if you were unable to obtain this information.
  2. List all prescriptions and over-the-counter (OTC) medications used on a scheduled and/or PRN basis including dose, route and frequency in the left-hand column labeled "Medications Taken Prior to Admission".
  3. Use a second form if there is insufficient space and indicate the page number in the bottom right hand corner.
  4. Check the appropriate box if patient is on no home medications or if you were unable to obtain the medication history.
  5. Check all applicable boxes in the section labeled "Information Source".
  6. Sign section marked "Medication History Taken By" and record the "Date and Time".
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### Physicians:

7. Review each medication and check the appropriate box.
  - a. Check "continue" if the medication is continued at the same dose, route and frequency.
  - b. Check "change" if the medication dose, route or frequency is changed and indicate the reason for change in the "Reason for Changing or Not Ordering". Write the changed order in the section "PHYSICIAN'S Changed Orders".
  - c. Check "do not order" if the medication is discontinued or held and indicate the reason for not ordering.
8. Complete "Physician Signature", "Physician Printed Name" and "Date and Time".

*NOTE: Orders that are not a continuation or change to "Medications Taken Prior to Admissions" must be written on a regular physician order form.*

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9. Fax or copy the form to be sent to pharmacy and check the box "Orders Faxed/Sent to Pharmacy" and enter "Date and Time" sent.
10. Transcribe ONLY orders that are checked in the box marked "continue" and any changed orders written in the "PHYSICIAN'S Changed Orders".
11. Indicate transcription and verification of orders processed according to established procedures.