



**COMMUNITY HEALTH
MEDICATION RECONCILIATION RECORD**

Page 1 of _____

Name:
 Birthdate:
 PHN:
 PARIS ID:
 Program:

Allergies/Adverse Reactions: _____

List all medications the client is currently taking, including nonprescription drugs, herbals, samples, trial drugs and medications obtained out of the Province or over the Internet.

Faxed to: _____

 (Date) (Name) (Fax)

Source of Information:	Current Medications:	Medication History:	Medication Reconciliation:
	Date: _____ Designation: _____ Recorded by: _____	Date: _____ Designation: _____ Verified by: _____	Date: _____ Designation: _____ Reconciled by: _____
<input type="checkbox"/> PharmaNet <input type="checkbox"/> Client <input type="checkbox"/> Med Profile from: Other:		<input type="checkbox"/> As listed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> No longer taking; last taken at (date): <input type="checkbox"/> unable to verify	<input type="checkbox"/> Continue as per Medication History <input type="checkbox"/> New directions: <input type="checkbox"/> Discontinue <input type="checkbox"/> To be managed by other prescriber (name): <input type="checkbox"/> At client's discretion
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*****This is NOT an order; provide prescriptions for ongoing medication therapy*****



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