

3/8"

BARCODE MEASURES 1 1/2 X 3/8"

Admission Medication Prior to Admission (PTA) Medication Reconciliation

1/4"



1/4"

HM14768

For downtime, use this form to reconcile admission orders and use the red instructions for the right three columns

Reconcile with Admission Orders

Med Ordered	Med Therapy Modified see below	Med NOT ordered ADDRESSED
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Medications (List prescription meds first, then include over-the-counter, inhalers, eye and ear drops, lotions, vitamins, herbal therapies, etc.)	Strength (i.e. 25 mg)	Dose (i.e. 1 tab)	Route (i.e. oral)	Frequency (i.e. Daily)	Last Dose if known			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

General Comments

Use additional pages as needed. Page ____ of ____
Use the following section for medication modifications:

A.						Comments:
B.						
C.						

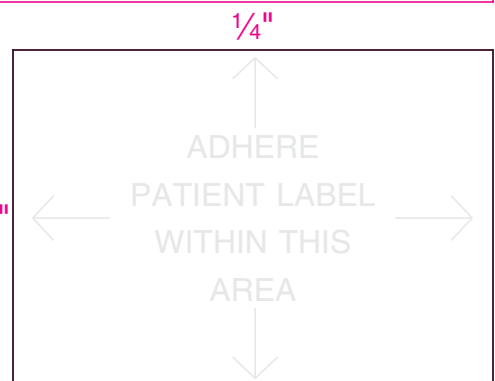
Source of Information (e.g., patient, spouse, parent, etc.):

Date/Time Medication History Completed by:

Date/Time Ordering Providers Name & Signature



ADMISSION MEDICATION HISTORY FORM
Original - Chart Copy - Patient
Form # HM14768 (1/2024) - Version 1



Place completed form in the "H&P/Consults" section of the chart.

Label Area Measures 2 1/2 X 1 3/4