

University of Colorado Clinics
 Medication Reconciliation
 For Paper Charting/Non-EMR

PATIENT NOTE: Please bring your copy of this form to ALL health visits and update if your medications change.

<p>Instructions (Form Not Required for Specimen Collection Only Appointment)</p> <ol style="list-style-type: none"> 1. List <u>all</u> admission home medications (by brand name pt. uses), over the counter, inhalers, drug eluting stents, etc. 2. Line out all discontinued or changed medications. Rewrite changed medication in a new line. 3. LIP (Physician, NP, PA) to review list at each appointment. If patient seen in nurse clinic for immunizations or series of infusions/injections communicate changes to supervising LIP and screen for known interactions per guidelines. 	<p style="text-align: center;">List All Allergies:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Latex</p> <p><input type="checkbox"/> Contrast Media</p> <p><input type="checkbox"/> Drug Allergies</p> <p><input type="checkbox"/> Other</p>
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IMMUNIZATIONS: Pneumonia Vaccine Given/Date _____ Flu Vaccine Given/Date _____
 Tetanus Vaccine Given/Date _____ Other Vaccine _____/Date _____

Medication Name	Dose	How To Take	Times a Day to Take	What it does	Date	LIP Initials	Date	LIP Initials	Date	LIP Initials	Date	LIP Initials
1												
2												
3												
4												
5												
6												
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12												
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17												
18												
19												
20												
21												
						LIP Initial	LIP Signature		LIP Initial	LIP Signature		