

# Outpatient Clinic Medication Reconciliation

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Visit Date

Provider

## Current Medication List

Medication Name	Dosage	Route	Frequency	Indication	Comments

## Discontinued/Changed Medications

Medication Name	Change/Discontinued	Reason	Date	Comments

## Allergies

Drug Allergies

Other Allergies

## Reconciliation Notes

Reviewed by

Date