

# Pediatric Medication Reconciliation Template

Patient Name

Date of Birth

Medical Record Number

Date of Reconciliation

## Current Medications

| Medication Name | Dosage | Route | Frequency | Indication | Prescriber | Notes |
|-----------------|--------|-------|-----------|------------|------------|-------|
|                 |        |       |           |            |            |       |
|                 |        |       |           |            |            |       |

## Medication Changes (Additions/Discontinuations/Modifications)

## Allergies / Adverse Reactions

## Additional Notes