

# High-Risk Medication Reconciliation Audit Form

Auditor Name

Date

Patient Name/Identifier

Location/Unit

Encouter Type

High-Risk Medication	Documented? (Yes/No)	Comment
	<div><input type="text"/></div> <div></div>	<div><input type="text"/></div>
	<div><input type="text"/></div> <div></div>	<div><input type="text"/></div>
	<div><input type="text"/></div> <div></div>	<div><input type="text"/></div>

Were all discrepancies addressed and resolved?

Additional Comments