

Home Health Medication Reconciliation Log

Patient Information

Patient Name:

Date of Birth:

Medical Record #:

Date of Reconciliation:

Medication List

Medication Name	Dosage	Route	Frequency	Indication	Prescribing Physician	Continue/Discontinue	Notes

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Allergies

List Allergies:

Discrepancies Identified

Describe Discrepancies:

Clinician Information

Clinician Name/Title:

Signature:

Date: