

**Miracle Hills Surgery Center
Medication/Reconciliation Form**

List below all the patient's medications prior to admission and bring this form the day of surgery.

Source of Medication List: (check all used)

- Patient medication list
- Patient/Family recall
- Previous discharge paperwork
- Medication Administration Record from facility
- Other _____

Allergies/ DrugSensitivity/Reaction:

HOME MEDICATION

Medication -list all medications you are taking. Include vitamins and herbal supplements. Include medications you may have held for your procedure.	Dose/Frequency -list the strength of each tablet and how often you take it.	Route -by mouth or injection	What do you take this for?

Nurse obtaining history signature: _____ Reviewed by: Dr. _____

MEDICATION ON DISCHARGE

- Continue all home medications
- Continue all home medications except: _____

Medication	Dose/Frequency/Route/Taken For

Patient Signature

Date

Patient Sticker