



MEDICATION RECONCILIATION FORM



This is a schematic representation of potential elements of a MedRec form for use in paper or electronic charts.

BEST POSSIBLE MEDICATION HISTORY

Sources of Information Use to Complete History:

- (please check all that apply)
- Patient interview
- Caregiver interview
- Medication vials / boxes
- Blister packs
- Patient's own list
- Community pharmacy profile
- MedsCheck
- Ontario Drug Benefits Drug Profile Viewer
- Specialist letter
- Hospital Discharge Summary
- Best Possible Medication Discharge Plan
- Rapid Response Nurse BPMH
- Ontario Telemedicine Network BPMH
- Other: _____

PATIENT'S NAME:

COMMUNITY PHARMACY NAME:

Phone Number:

Medication Management:

- Self-administration
- Caregiver administration

Compliance packs:

- No
- Yes If yes, Pharmacy filled blister pack Personal dosette

Medication Allergies:

Reaction:

Date:

Medication Name	Dose	Route	Frequency	Indication	Start Date	Prescriber	Comments	
<p>Determine practice documentation guidelines (e.g., brand names v. generic names, combination products etc.)</p>				<p>Are there differences between the BPMH compared to what is documented in the patient's chart?</p>				<p>Include additional information that would provide value in establishing the patient's medication regimen</p>
<p>▶ BPMH completed by:</p>								

RECONCILIATION PLAN

Discrepancies Identified	Suggested Resolution Plan	Reconciliation Decision

▶ Reconciliation completed by:

