721 Wellness Way Suite 200 Lawrenceville, GA 30046 Phone: 770-277-4277 Fax: 770-995-5742

## NORTHSIDE HOSPITAL

**Georgia Colon & Rectal Surgical Associates** 

| Patient Name  | <br>  |             |  |
|---------------|-------|-------------|--|
| Date of Birth | <br>/ | _ /<br>Year |  |

## **MEDICATION RECONCILIATION FORM**

| ☐ No Medio            | cations prescribed by other phys  | sicians          |                     |            |  |               |                     |                     |                   |  |  |  |  |
|-----------------------|---|------------------|---------------------|------------|--|---------------|---------------------|---------------------|-------------------|--|--|--|--|
| Pharmacy              | Phar  | macy Phone i     | #                   |            |  |               |                     |                     |                   |  |  |  |  |
| Date<br>Entry<br>Made | Additional Medications Taken by Patient (Prescriptions, OTC, Herbals, Patches, Inhalers, Eye Drops, Topicals & Supplements) |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
|                       | Drug Name and Dos   | se               | Route               | Frequency  | Indication if PRN                              | Start date    | Staff<br>Initials   | Discontinue<br>date | Staff<br>Initials |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
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|                       |   |                  |                     |            |  |               |                     |                     | +                 |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     | +                 |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     | +                 |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     | +                 |  |  |  |  |
| Date Entry            | Madiantian / Face   | l / Faviroamonto | I Allowaica         |            | Docat  | ion / Comm    |                     |                     | Staff             |  |  |  |  |
| Made                  | Medication / Food   | neaci            | Reaction / Comments |            |  |               |                     |                     |                   |  |  |  |  |
|                       |   |                  |                     |            |  |               | ,                   |                     | -                 |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
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|                       |   |                  |                     |            |  |               | ,                   |                     |                   |  |  |  |  |
|                       |   |                  |                     |            |  |               |                     |                     |                   |  |  |  |  |
| Visit Date            | Review  | Staff Initials   | MD Initials         | Visit Date | Review   |               | Staff Initials MD I |                     | nitials           |  |  |  |  |
|                       | Reviewed, no change   |                  |                     |            | ☐ Reviewed, no change                          |               |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, see change above☐ Reviewed, no change   |                  |                     |            | ☐ Reviewed, see chang ☐ Reviewed, no chang     |               |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, see change above  |                  |                     |            | ☐ Reviewed, see chang                          | ge above      |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, no change<br>☐ Reviewed, see change above   |                  |                     |            | ☐ Reviewed, no chang<br>☐ Reviewed, see chang  | ge above      |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, no change<br>☐ Reviewed, see change above   |                  |                     |            | ☐ Reviewed, no changed ☐ Reviewed, see changed | e<br>ne above |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, no change   |                  |                     |            | ☐ Reviewed, no chang                           | е             |                     |                     |                   |  |  |  |  |
|                       | ☐ Reviewed, see change above  |                  |                     |            | Reviewed, see chang                            | ge above      |                     |                     |                   |  |  |  |  |

Reorder #34621 PP0410 (GCR\_G)
Piedmont Graphics Rev. 10/27/17