

Appendix 2: Example Medication Reconciliation Documentation Form for Pharmacy Preceptor

Student Pharmacist: _____ **Date:** _____

of active medications (meds) per EHR before reconciliation: _____

Given medication list at triage Brought own list Brought medication bottles Called pharmacy to verify

Changes to medication list in EHR: # taken differently than listed: _____ # chronic medications not taking: _____

meds d/c: _____ # RX meds added: _____ # OTC meds added: _____ # allergies added: _____ # allergies clarified: _____

Patient counseling performed: drug information disease information diet exercise smoking cessation

Other: _____

EHR = electronic health record, d/c = discontinued, RX = prescription, OTC = over-the-counter