

**HOAG HOSPITAL USE ONLY:**  
 FAX to Pharmacy after admit physician signs



**MEDICATION RECONCILIATION/ORDERS  
 PATIENT STATED HOME MEDICATION LIST**

**Acknowledgement:** I confirm that this is a complete and accurate list of my (patient's) current medications, to the best of my knowledge, including prescription and over the counter drugs. I understand that healthcare providers will make medical decisions based on this information. **BRING THIS FORM WITH YOU TO HOAG.**

Check this box if not on any home medications.

DESCRIBE ALLERGIES & REACTIONS: \_\_\_\_\_

\_\_\_\_\_  
 [Signature of Patient/Responsible Person]

Physician Orders on Hoag Admit

Completed by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Source of Medication History: \_\_\_\_\_

Continue or Formulary Equivalent (circle one)

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Medication	Dose	Route	Freq	Reason for Taking	Dose last taken - RN to Complete
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**On Discharge**

Stop	Continue (Next Dose)

Medication Reconciliation on Entry:

\_\_\_\_\_  
 [Physician Signature] Noted:  CC/RN: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_ ID#: \_\_\_\_\_  RN: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
DATE TIME T/O FROM SIGNATURE/TITLE

Medication Reconciliation on Discharge:

\_\_\_\_\_  
 [Physician Signature]  
 Date/Time: \_\_\_\_\_ ID#: \_\_\_\_\_

**DISCHARGE: PRINT NEW MEDICATIONS AND CHANGES TO ABOVE MEDICATIONS (PROVIDE PRESCRIPTION TO PATIENT)**

Medication	Dose	Route	Freq	Reason	Special Instructions	Medication Schedule	Comments:

Original to patient on discharge. Line through stopped meds.  
 Discharge RN: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

Discharge Physician Signature: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_ ID#: \_\_\_\_\_  
DATE TIME T/O FROM SIGNATURE/TITLE

**ASSESSMENT**

PS 7514 Rev 03/20/24



[2517]

**PLACE IN FRONT OF PHYSICIAN ORDERS**

Original - Patient Photocopy 1 - Chart Photocopy 2 - Primary Care Physician

Page \_\_\_\_ of \_\_\_\_ Patient Name \_\_\_\_\_