

# Patient Home Medication List – Medication Reconciliation

Provided by the Patient/Surrogate  
 (Include prescriptions, over the counter, herbals, vitamins and birth control pills/patch)

<b>Allergies</b>	<input type="checkbox"/> <b>NKAS</b>	<input type="checkbox"/> <b>Allergies: Note below</b>
	(No Known Allergies or Sensitivities)	
		<input type="checkbox"/> <b>Latex/Rubber</b> <input type="checkbox"/> <b>Adhesive</b>

	Medication(s)	Dose	Comment
<b>Medications</b>			

**Review the Allergies and Medications for the patient – Healthcare Provider Signature**

Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -