Appendix 1: Example Medication Reconciliation Communication Form for Physician

Date: _____ **Patient name:** _____

Physician: _____ **Student Pharmacist:**_____

☐ **Brought medication bottles** ☐ **Brought medication list** ☐ **Called pharmacy to verify medications**

Medication(s) discontinued in EHR:

Medication	Reason	Medication	Reason

Medication(s) taken differently than in EHR (non-compliant, different dose or directions):

Medication	Directions in EHR	Patient is taking	Reason

Frequency of use of PRN medications:

Medication	Frequency	Medication	Frequency

Medication(s) added to EHR:

Medication/Dose/Directions	Physician	Date started	Indication

OTC(s) and herbal(s) added to EHR:

Medication/Dose/Directions	Reason for taking

Medication allergies updated:

Patient counseling performed:

<u>REFILLS REQUESTED:</u>

Other comments:

EHR = electronic health record, PRN = as needed, OTC = over-the-counter

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