



**COMMUNITY HEALTH  
MEDICATION RECONCILIATION RECORD**

Page 1 of \_\_\_\_\_

Name:  
 Birthdate:  
 PHN:  
 PARIS ID:  
 Program:

Allergies/Adverse Reactions: \_\_\_\_\_

List all medications the client is currently taking, including nonprescription drugs, herbals, samples, trial drugs and medications obtained out of the Province or over the Internet.

Faxed to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Date) (Name) (Fax)

| Source of Information:  | Current Medications:                                 | Medication History:   | Medication Reconciliation:   |
|---|--|---|--|
|   | Date: _____ Designation: _____<br>Recorded by: _____ | Date: _____ Designation: _____<br>Verified by: _____  | Date: _____ Designation: _____<br>Reconciled by: _____   |
| <input type="checkbox"/> PharmaNet<br><input type="checkbox"/> Client<br><input type="checkbox"/> Med Profile from:<br>Other: |  | <input type="checkbox"/> As listed<br><input type="checkbox"/> Taking differently (specify):<br><input type="checkbox"/> No longer taking; last taken at (date):<br><input type="checkbox"/> unable to verify | <input type="checkbox"/> Continue as per Medication History<br><input type="checkbox"/> New directions:<br><input type="checkbox"/> Discontinue<br><input type="checkbox"/> To be managed by other prescriber (name):<br><input type="checkbox"/> At client's discretion |
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**\*\*\*This is NOT an order; provide prescriptions for ongoing medication therapy\*\*\***



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