



1117559

HILLCREST HEALTHCARE SYSTEM TULSA, OKLAHOMA 74104

KAISER OUTPATIENT REHABILITATION SERVICES MEDICATION RECONCILIATION RECORD

HMC7559 (05/11)

Please list all of the patient's medications, including over the counter, supplements and vitamins. Please notify the treating therapist of any changes to this list during the patient's care.

Patient Name:		Date of Birth:			
Allergies:		None	Shellfish	Y	N
		Seasonal	Latex	Y	N
Patient's primary care physician:	Telephone:		X-ray dye	Y	N
Patient's Pharmacy:	Telephone:	Telephone:			
Reason unable to obtain medication history:		<input type="checkbox"/> No Home Medications			
Data source (circle all that apply):					
Patient	Family	Medication Bottles	H&P	Other: _____	

Do not use abbreviations. Never use a trailing zero (2.0), always use a leading zero (0.2).

Medication Name	Reason/Prescribed by	Dose	Frequency	Route	Date dc'd	New med start date	Initials

This form is not an order. Information verified/ updated by:

Initials/Name	Date
Initials/Name	Date
Initials/Name	Date

HILLCREST HEALTHCARE SYSTEM
TULSA, OKLAHOMA 74104

**KAISER OUTPATIENT
REHABILITATION SERVICES
MEDICATION RECONCILIATION
RECORD**
HMC7559 (05/11)

Patients: Please list all medications, supplements and vitamins you are currently taking. Please notify your therapist of any changes to this list during your care.

Medication Name	Reason	Dose	Frequency	Route	Date dc'd	New med start date	Initials
11							
12							
13							
14							
15							
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