CANYONRIDGE
Surgery Center

MEDICATION RECONCILIATION SHEET

Patient stated home medications (including herbal and over the counter meds)

ALLERGIES:

MEDICATION	DOSAGE	FREQUENCY	REASON	DATE/TIME LAST TAKEN

	Patient Unable to Provide Or Recall Complete List Of Medication Information

PATIENT SIGNATURE **DATE/TIME**

The RN has reviewed and obtained all medication and doses to the best of the patient's knowledge.	Reconciled by: _____ __,RN

Additional medication given at the surgery center that may continue to have an effect at home:
Check box if medication given and education provided:

	FENTANYL-May effect memory, gait, cognition
	VERSED-May effect memory, gait, cognition
	PROPOFOL-May effect memory, gait, cognition
	LABATELOL/Hydralazine- for high blood pressure
	KETAMINE-May effect memory, gait, cognition

PACU NURSE/DATE	
REVIEWING PROVIDER/DATE	