

Date _____

1. Patient reports no medication changes since previous visit
OR
 2. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

Date _____

3. Patient reports no medication changes since previous visit
OR
 4. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

Date _____

5. Patient reports no medication changes since previous visit
OR
 6. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

Date _____

7. Patient reports no medication changes since previous visit
OR
 8. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

Date _____

9. Patient reports no medication changes since previous visit
OR
 10. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

Date _____

11. Patient reports no medication changes since previous visit
OR
 12. Additions/Deletions have been made since previous visit (see update on front of sheet).
Contact physician to review changes and obtain orders, as indicated.

Clinician Signature: _____

Clinician Signature: _____

SIGN-OFF FOR UPDATE(S) PERFORMED ON FRONT OF SHEET

Date	Initials	Signature	Date	Initials	Signature

Patient Label

OUTPATIENT/ED MEDICATION RECONCILIATION FORM

