McLaren Business Products

McLaren Print System Order

Order No: 53235 Reprint Previous Order No: 7966
Order Date: 2020-03-10
User: susan jackson
Phone: 8103425370

Ship Location: McLaren Pulmonary Rehab
G 3230 Beecher Road lower level
Flint, Michigan 48532,
Forms
Quantity: 100
Paragon Dept No: 40110
Dept Name: Pulmonary Rehab
Company Number: 60

Order Total Price: 0.00

Item Number: 17762
Item Description: Medication Reconciliation Report
Revision Date: 9/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
Outpatient Pulmonary Rehabilitation Program
MEDICATION RECONCILIATION REPORT

Entry Assessment: by: _____ RRT Date: _____

Drug Allergies	Food Allergies	Other Allergies
☐ NO known drug allergies	☐ NO known food allergies	☐ NO other known allergies
1. _____	1. _____	1. Latex: ☐ YES ☐ NO
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
Reaction: _____	Reaction: _____	Reaction: _____

Name of Medicine Source of Info: _____	Dose/ Dose	Initial Frequency	Compared to: _____	Change/Date Made	Continues at Discharge
Pulmonary Medications					
1.			☐ YES ☐ NO		☐ YES ☐ NO
2.			☐ YES ☐ NO		☐ YES ☐ NO
3.			☐ YES ☐ NO		☐ YES ☐ NO
4.			☐ YES ☐ NO		☐ YES ☐ NO
5.			☐ YES ☐ NO		☐ YES ☐ NO
6.			☐ YES ☐ NO		☐ YES ☐ NO
Cardiovascular Medications			☐ same as above		
1. Anti-clot =			☐ YES ☐ NO		☐ YES ☐ NO
2. ACE / ARB =			☐ YES ☐ NO		☐ YES ☐ NO
3. Beta blocker =			☐ YES ☐ NO		☐ YES ☐ NO
4. Chol / Statin =			☐ YES ☐ NO		☐ YES ☐ NO
5.			☐ YES ☐ NO		☐ YES ☐ NO
6.			☐ YES ☐ NO		☐ YES ☐ NO
Other Physician Prescribed Medications					
1.			☐ YES ☐ NO		☐ YES ☐ NO
2.			☐ YES ☐ NO		☐ YES ☐ NO
3.			☐ YES ☐ NO		☐ YES ☐ NO
4.			☐ YES ☐ NO		☐ YES ☐ NO
5.			☐ YES ☐ NO		☐ YES ☐ NO
6.			☐ YES ☐ NO		☐ YES ☐ NO
7.			☐ YES ☐ NO		☐ YES ☐ NO
8.			☐ YES ☐ NO		☐ YES ☐ NO
9.			☐ YES ☐ NO		☐ YES ☐ NO
10.			☐ YES ☐ NO		☐ YES ☐ NO
11.			☐ YES ☐ NO		☐ YES ☐ NO
Self-Administered: OTC, Vitamins, Minerals, Herb					
1.			☐ YES ☐ NO		☐ YES ☐ NO
2.			☐ YES ☐ NO		☐ YES ☐ NO

Exit Assessment: by: _____ RRT Date: _____
Copied to: ☐ Patient ☐ Physician ☐ Other: _____

MEDICATION RECONCILIATION REPORT
14559