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: _____	***Initial 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			☐ **NO** list available		
1. Anti-clot =			☐ YES ☐ NO		☐ YES ☐ NO
2. ACE / ARB =			☐ YES ☐ NO		☐ YES ☐ NO
3. Beta blocker =			☐ YES ☐ NO		☐ YES ☐ NO
4. Chol / Stain =			☐ 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: _____

PT.

MR.#/P.M.

DR.