



**Hamilton Medical Center**  
**Dalton, Georgia**  
**MODIFIED MEDICATION RECONCILIATION SHEET**

**Patient's Name:** \_\_\_\_\_

**Patient takes no home medications** (Not an Order Sheet)

List Current Home Medications (Prescription, OTC, Herbal & Dietary Supplements)


**Recorded By:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

For successive visits: This Medication Reconciliation has been completed, reviewed and updated within the last 30 days.

Updated On: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Updated On: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Updated On: \_\_\_\_\_ Recorded By: \_\_\_\_\_

List New Medication Patient is to Take at Home	Dose	Frequency	Reason	Comments

**Patient and/or person responsible for patient demonstrate and/or verbalize understanding and have received in writing the above instructions. Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If no explain:** \_\_\_\_\_

**Signature of Patient/Responsible Person:** \_\_\_\_\_

**Nurse/RT Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_