

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Label/Address

Location: _____

Allergies:

Prescription - Discharge to Home

Prescription - Discharge to LTC

Transfer Medication List - External
 Transfer Orders - Internal

Community Pharmacist: For refills beyond what is listed below, please contact family physician/nurse practitioner.
 Prescriber/Community Pharmacist: "No Rx Needed" in the following tables implies medication patient was taking prior to admission has not changed (dose, route, frequency) and patient has supply, refills on file OR product can be acquired without a prescription (i.e. over the counter medication)

1. Active Inpatient Medications Review MAR and prescriber order sheets for last 72hrs	Medication Status			Comments / Rationale / Indication	Prescriber Orders				
	Same as prior to admission	Adjusted in hospital	New in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Scheduled medications, followed by PRN active prior to discharge									
Medication				Dose / Route / Frequency					
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			
						<input type="checkbox"/> 1 month Or			

Completed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Reviewed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Authorized Prescriber: _____ #: _____
 _____ (print)
 Phone #: _____ (sign)
 Date: _____
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

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2. Pre-admission medications as listed on Best Possible Medication History		Prescriber Orders					
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required		Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin					
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			

3. NEW medications to START after discharge		Prescriber Orders		
		Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin		
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Quantity Discharge Only	Refills Discharge Only
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	

Completed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Reviewed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Authorized Prescriber: _____	#: _____
_____ (print)	
_____ (sign)	
Phone #: _____	
Date: _____	
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin	

CONFIDENTIALITY NOTICE: The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. If you have received this communication in error, immediately notify the sender by return fax and destroy all originals and copies of the misdirected communication.

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3. NEW medications to START after discharge (continued)			Prescriber Orders	
			Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Quantity Discharge Only	Refills Discharge Only
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
<input type="checkbox"/> Community Pharmacy			<input type="checkbox"/> Receiving Facility		
<input type="checkbox"/> Long Term Care			<input type="checkbox"/> Family Physician/ Nurse Practitioner		
<input type="checkbox"/> Home Care			<input type="checkbox"/> Other <input type="checkbox"/> Copy to patient		

Please note: If faxed to Community Pharmacy, stamp original FAXED and retain in chart.

Completed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Reviewed by: _____ Signature _____ Title _____

Date: _____ Time: _____

Authorized Prescriber:	#: _____
_____ (print)	
Phone #:	_____ (sign)
Date:	_____
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin	

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