## Barnabas Health Ambulatory Care Center



Patient Name:	
Date of Birth:	
Medical Record #:	
	Label

## ALLERGIES / ADVERSE ALLERGIC DRUG REACTIONS (Note symptoms exhibited)

(Note symptoms exhibited)									
Medications:									
Other:					INITIAL VISIT				
	Brea	ast Cente	r - Me	edica	ntion Reconciliat	ion F	orm		
Current Medications from hom	e - include	s prescribed, ove	er the co	unter or	herbal medications, and supp	lements			
Source of Information:   Pati	ent 🗌 0	Other			(*See comments	. as some	meds may have a	prolonged effect)	)
INITIAL VISIT: MEDICATION NAME	DOSE	FREQUENCY/ ROUTE	D/C DATE	DATE	FOLLOW UP VISITS: MEDICATION NAME	DOSE	FREQUENCY/ ROUTE	COMMENT	D/C DATE
□ None					After Today's Procedure: Use acetaminophen (Tylenol) for pain if necessary. Tylenol 325mg tablets by mouth.  Take 1 tablet every 4-6 hours for mild pain.  Take 2 tablets every 4-6 hours for moderate pain.  Do not take more than 8 tablets in 24 hours.				
Signature of person completing form	/relationship	to patient Initia	al Visit Dat	e	S - Sample (See sample by Rx - New prescription *PE - Prolonged effect	ook for deta	<b>U</b> - Unkn	cribed by another properties own at this time -quested to bring invisit	

Date/Time

(greater than 72 hours)

Copy given to patient [ ] Yes [ ] NA [ ] Refused

Signature of RN reviewing initial medication list