Appendix J: Sample Medication Reconciliation Form

The Ontario Primary Care Medication Reconciliation Guide provides quality improvement strategies for implementing, sustaining and measuring medication reconciliation in primary care settings in Ontario (167). A sample medication reconciliation form can be found on pages 43 and 44 of the guide. The Ontario Primary Care Medication Reconciliation Guide is also available in French.

Figure 7: Medication Reconciliation Form

Figure 8

FRONT SIDE

MEDICATION RECONCILIATION FORM

ismp CANADA — Institute for Safe Medication Practices Canada / Institut pour l'utilisation sécuritaire des

Ontario — Health Quality Ontario / Qualité des services de santé Ontario

This is a schematic representation of potential elements of a MedRec form for use in paper or electronic charts.

BEST POSSIBLE MEDICATION HISTORY

Sources of Information Use to Complete History:

- ☑ (please check all that apply)
- ☐ Patient interview
- ☐ Caregiver interview
- ☐ Medication vials / boxes
- ☐ Blister packs
- ☐ Patient's own list
- ☐ Community pharmacy profile
- ☐ MedsCheck
- ☐ Ontario Drug Benefits Drug Profile Viewer
- ☐ Specialist letter
- ☐ Hospital Discharge Summary
- ☐ Best Possible Medication Discharge Plan
- ☐ Rapid Response Nurse BPMH
- ☐ Ontario Telemedicine Network BPMH
- ☐ Other: _____

Date:

PATIENT'S NAME:

COMMUNITY PHARMACY NAME:

Phone Number:

Medication Management:

- ☐ Self-administration
- ☐ Caregiver administration

Compliance packs:

- ☐ No
- ☐ Yes If yes, ☐ Pharmacy filled blister pack ☐ Personal dosette

Medication Allergies:

Reaction:

Medication Name	Dose	Route	Frequency	Indication	Start Date	Prescriber	Comments

Determine practice documentation guidelines (e.g., brand names v. generic names, combination products etc.)

Include additional information that would provide value in establishing the patient's medication regimen

Are there differences between the BPMH compared to what is documented in the patient's chart?

Recommendations by the nurse or pharmacist to PCP on possible options for resolution of the discrepancy

BPMH completed by:

RECONCILIATION PLAN

Discrepancies Identified	Suggested Resolution Plan	Reconciliation Decision

Reconciliation completed by:

BACK SIDE

RECONCILED MEDICATION LIST FLOWSHEET

Medication Name	Dose	Route	Frequency	Indication	Prescriber	Date/Initials	No Change	Modify
							❑	❑
							❑	❑
							❑	❑
							❑	❑
							❑	❑
							❑	❑
							❑	❑
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							❑	❑
							❑	❑
							❑	❑
							❑	❑

The reconciled list should be the current and accurate medication list that is updated at each subsequent patient visit

Source: Reprinted with permission from: Institute for Safe Medication Practices (ISMP) Canada, Health Quality Ontario (HQO). Ontario primary care medication reconciliation guide [Internet]. Toronto (ON): ISMP Canada; 2015. Co-published with HQO. Available from: https://www.ismp-canada.org/download/PrimaryCareMedRecGuide_EN.pdf.