**Medicines reconciliation checklist**

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| --- | --- |
| Patient NHI/Name | Date |

1. Is there documented evidence the prescription reconciled with a minimum of 2 valid sources?

 Yes □ No □

2. If there were any unexplained discrepancies, is there documented evidence they have been clarified with the prescriber?

 Yes □ No □ N/A □

3. Is there documented evidence that the patient’s adverse drug reaction status was checked?

 Yes □ No □

4. Is there documented evidence that the patient’s allergy status was checked?

 Yes □ No □

5. Is there documented evidence there was a discussion with the patient about their medicines?

 Yes □ No □

6. Is there documented evidence the patient was offered an up-to-date list of their current medicines?

 Yes □ No □