

Practice Name	Note: This sheet is not for entering data on your computer, it is only for printing and completing by hand. Once you have done this, enter your data on the appropriate data collection form.										
Review Date- please type date beside each individual record for current month	Patient	Ethnicity Please choose from one of the following options: Ethnic Group code 1-European 2-Maori 3-Pacific Peoples 4-Asians 5-Middle Eastern/Latin American/African 6-Other Ethnicity 9-Residual Categories	Has medicines reconciliation occurred within seven CALENDAR days of the Electronic Discharge Summary (EDS) being received by the practice?		Has the patient's regular medication list been updated within seven CALENDAR days of the EDS being received by the practice?			Is it documented that any changes in their regular medications have been communicated to the patient or their representative within seven CALENDAR days of the EDS being received by the practice?			Comments
	1		Y	N	Y	N	N/A	Y	N	N/A	
	2		Y	N	Y	N	N/A	Y	N	N/A	
	3		Y	N	Y	N	N/A	Y	N	N/A	
	4		Y	N	Y	N	N/A	Y	N	N/A	
	5		Y	N	Y	N	N/A	Y	N	N/A	
	6		Y	N	Y	N	N/A	Y	N	N/A	
	7		Y	N	Y	N	N/A	Y	N	N/A	
	8		Y	N	Y	N	N/A	Y	N	N/A	
	9		Y	N	Y	N	N/A	Y	N	N/A	
	10		Y	N	Y	N	N/A	Y	N	N/A	