

Patient	Medicine from Home	GP Surgery	Carer / Relative	Repeat Prescription	Care Home Record	Other (Specify)
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Notes / Other Information

<p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%; pointer-events: none;">SAMPLE - DO NOT USE</p>					
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	First Name	Last Name	Signature	Date	Time
Collection – List completed by					
Checking – Comparison completed by					
Communication – Discrepancies discussed by					
With prescriber					
Document overleaf				Tick	

Actions taken in response to medicines reconciliation (i.e. alternations to medication regimen with reasons for discontinuation or change documented)	By whom		
	Signature	Date	Time

Adherence			
The patient appears to be adhering to all medications		Has poor adherence to some or all medications	Needs additional support (e.g. compliance aid, reminder charts etc.) to support adherence

Signature		Date Completed	
First Name		Last Name	
Designation			