

**GI Endoscopy Associates
Patient Medication Reconciliation**

Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No known allergies Include Food, Drug, Environmental	Latex Allergy: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Testing performed for Latex allergy Soy: <input type="checkbox"/> No <input type="checkbox"/> Yes Egg: <input type="checkbox"/> No <input type="checkbox"/> Yes Peanuts: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Allergy	Reaction	Allergy	Reaction

Current Prescriptive Medications. Include: Anticoagulants (i.e., Heparin, Coumadin, Plavix, ASA, Aggrenox, Pradaxa)

Name of Medication (print please)	Dose	How Often	Last Dose Taken

Herbals, Vitamins, Supplements, Non-Prescriptive Drugs.

Name of Medication (print please)	Dose	How Often	Last Dose Taken

New Medications or New Dosages you should take after discharge.

Name of Medication (print please)	Dose	How Often	Indication

Nurse Signature: _____ Date: _____

Physician Signature: _____ Date: _____