



MEDICINE RECONCILIATION
(MEDICATION LIST)
HE AROTAKE RONGOĀ (RĀRANGI RONGOĀ)

Patient ID

SURNAME DATE OF BIRTH / /
FIRST NAMES NHI No.
(If known)

DO YOU TAKE ANY REGULAR MEDICATIONS? ☐ Yes ☐ No If Yes please complete table below

YOUR CURRENT MEDICINES

For your safety, it is extremely important that your doctors and nurses know precisely which medicines you are currently using.

IMPORTANT INSTRUCTIONS:

List below all the medicines you currently use and bring them with you to the hospital in their original containers on the day of your surgery

To ensure you are clear what to include, please see the MEDICINE REMINDERS section (over the page)

You must bring a medicine card or a printed list of medications from your GP or pharmacist with you to the hospital on the day of your surgery, as well as completing the list below

Please refer to the medication information sheet regarding approved medications prior to surgery

PATIENT TO COMPLETE – list all medicines you currently use

MEDICATION		DETAILS		HOSPITAL USE ONLY		
				Verification	Comment if no	Date & Time last taken
Medication		Container/Bottle	<input type="checkbox"/>			
Dose		Card	<input type="checkbox"/>			
How much		Whanau	<input type="checkbox"/>			
and when		GP/Pharmacy List	<input type="checkbox"/>			

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MEDICINE RECONCILIATION (MEDICATION LIST)

HE AROTAKE RONGOĀ (RĀRANGI RONGOĀ)

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		GP/Pharmacy List <input type="radio"/>		

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MEDICINE REMINDERS – WHICH OF THE EXAMPLES BELOW APPLY TO YOU?

There are many **types** of medicine

- Prescription medicines
- Vitamins
- Herbal medicines
- Supplements
- Natural medicines
- Contraceptives
- Homeopathic remedies
- Steroids
- Over-the-counter medicines

Medicines come in many **forms**

- Tablets
- Patches
- Capsules
- Creams
- Suppositories
- Inhalers
- Drops
- Syrups
- Injections
- Other liquids

Medicines are taken for many **common conditions**

- Heart disease
- Infections
- Diabetes
- High blood pressure
- Blood thinning
- Sleeplessness
- Dietary deficiencies
- Epilepsy
- Emotional conditions

ADMITTING NURSE TO COMPLETE

	YES	NO		
Medicines verified by two sources	<input type="checkbox"/>	<input type="checkbox"/>	Sign	Date / /
If 'NO' anaesthetist has been alerted	<input type="checkbox"/>	<input type="checkbox"/>	Sign	Date / /
STOP sign put in patients notes	<input type="checkbox"/>	<input type="checkbox"/>	Sign	Date / /

DISCREPANCIES NOTED AND ACTIONS TAKEN:

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