#  Medicines Reconciliation Data Form

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| Practice code:       | Date:       |
| Person Filling in form e.g. GP, GP Registrar:       | *Identify 20 patients aged 65 and over discharged from emergency hospital admission* |
|  | Patient Code | 1. Summary processed and with GP within 2 working days of receipt by practice?**(Y/N)** | 2. Any changes to medications required? **(Y/N –****if N stop here)** | 3. Documentation of changes present?**(Y/N –** **if N stop here**) | 4. Has the GP completed medicines reconciliation within 2 working days of receipt? **(Y/N)** | 4.a) How many working days did medicines reconciliation take? | 5. Did Discussion with patient/carer occur?**(Y/N)** | 5.a) Was discussion with the patient/carer clinically necessary? **(Y/N)**  |
| 1. |       |       |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |       |       |
| 3. |       |       |       |       |       |       |       |       |
| 4. |       |       |       |       |       |       |       |       |
| 5. |       |       |       |       |       |       |       |       |
| 6. |       |       |       |       |       |       |       |       |
| 7. |       |       |       |       |       |       |       |       |
| 8. |       |       |       |       |       |       |       |       |
| 9. |       |       |       |       |       |       |       |       |
| 10. |       |       |       |       |       |       |       |       |
| 11. |       |       |       |       |       |       |       |       |
| 12. |       |       |       |       |       |       |       |       |
| 13. |       |       |       |       |       |       |       |       |
| 14. |       |       |       |       |       |       |       |       |
| 15. |       |       |       |       |       |       |       |       |
| 16. |       |       |       |       |       |       |       |       |
| 17. |       |       |       |       |       |       |       |       |
| 18. |       |       |       |       |       |       |       |       |
| 19. |       |       |       |       |       |       |       |       |
| 20. |       |       |       |       |       |       |       |       |