# 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)** |
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