



KINGSTON
GENERAL
HOSPITAL



Religious Hospitalers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

**Pharmacy Services
Medication History - Admission**

**Name: Test, Patient ONE
CR: 000002**

Date of Birth: 1945/03/03

Service: xUltrasound

Physician: Lockington, Kathryn

Location:

Adverse Reactions: Ibuprofen

HOME MEDICATION HISTORY		RECONCILIATION	
Prescription Meds, OTC's, Vitamins, Minerals, etc.		With Admission Orders	
Name, dose, route, frequency (if PRN, include indication, frequency of usage and time of last dose)	Same as admission		Discrepancy: (Admission order written as....)
	YES	NO	
Acetaminophen Tab 325 mg Take 2 tablet(s) every four hours if needed			
Docusate Sodium Cap 100 mg Take 2 capsule(s) twice each day			
Drug Testing 400mg Cap Take one capsule three times a day			
Enalapril Tab 2.5 mg Take one tablet twice daily			

Additional Comments:

Community Pharmacy Information:
 Community Pharmacy: _____
 Community Pharmacy Tel: (____) _____
 Drug Plan: No Coverage ()
 Ontario Drug Benefit ()
 Other Third Party ()

Resource(s) used:

- Review of medication vials
- Patient medication list
- Patient / Family recall
- Community pharmacist
- Other:

Best possible medication history obtained on ____ / ____ / ____ (yyyy/mm/dd) at ____ (hhmm)

Documented and printed by Pharmacist on 2009/06/29

Printed Name:	Signature
----------------------	------------------