



TOOLKIT 4 · MEDICATION SAFETY · TOOL 4 OF 5

Medication Reconciliation — Admission and Discharge

One list, compared at every transition. The home list, the hospital list, and every difference explained

Patient (name, DOB, no.) · admission date · ward	
History taken by · sources: patient ☐ family ☐ own medicines ☐ GP / pharmacy ☐ previous discharge ☐	
Allergies / reactions	

A · ADMISSION

Home medicine (name, strength)	Dose · route · frequency	Last taken	Hospital order	Discrepancy? (omitted / changed / new)	Resolved: continue / change / stop — by whom

B · DISCHARGE

Discharge medicine	Dose · route · frequency	New / changed / unchanged / stopped	Reason for change (told to patient)	Supply given (days)

Discharge medicine	Dose · route · frequency	New / changed / unchanged / stopped	Reason for change (told to patient)	Supply given (days)

Patient / carer has the list and understands changes ☐
Copy sent to GP ☐
Pharmacist review ☐

Reconciled by (name, signature, date):

ASF standards: Standard 4 — medication reconciliation; Standard 6 — discharge information (means of verification: completed form in chart at admission and discharge)