CHU Sainte-Justine
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Montréal, Qc H3T 1C5
Tél : (514) 345-4931

Medication reconciliation – Medication history

Allergies	☐ No allergies
Intolerances	☐ No intolerance

History sources *(check all sources used)*

☐ Patient
☐ Medications (labels, bottles)
☐ Personal list
☐ Medical record
☐ Other*(specify)* :
☐ Parents/tutors
☐ Hospital list
☐ Community pharmacy list

Community pharmacy contact INFO

Name

Phone number ☐ contacted

Medications and others treatments taken in the past 2 weeks

(including inhalers, ear/eye drops, creams, gels, suppositories and any other "over-the-counter" (OTC) medications etc.)

Name	Dose	Route	Frequency	Date/Time of last dose

Natural health products (including vitamins, herbal products, probiotics, homeopathic treatment, etc.)

Name	Dose	Route	Frequency	Date/Time of last dose

Vaccination

☐ 2 months DCaTP-Hib Pneumo. conj.
☐ 4 months DCaTP-Hib Pneumo. conj.
☐ 6 months DCaTP-Hib ± Influenza
☐ Others(ex : palivizumab) *(specify)* :

☐ 12 months RRO MenC Varicelle Pneumo. conj.
☐ 18 months DCaTP-Hib RRO
☐ 4-6 years DCaT-Polio

☐ 4th year Hepatitis B VPH
☐ 14-16 years DCaT
☐ neonatal, Hepatitis B

☐ confirmed with vaccination book

Signature(s) of the person(s) who completed the medication history form

Patient/Parent/Tutor _____ Date / Time _____ Initials _____

Professional _____ Date / Time _____ Initials _____

Professional _____ Date / Time _____ Initials _____

CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant

Pour l'amour des enfants

Université de Montréal

What is a medication reconciliation – Medication History?

It is the complete list of prescription drugs, over-the-counter medications and natural health products that your child has taken at home in the past 2 weeks. All information provided by completing this document will be used to adjust your child's medication therapy during his stay at the hospital and after his discharge.

How to complete this document?

- Write down all ALLERGIES and INTOLERANCES of your child. They can be caused by a medication, natural health product, food, plant, bandage, etc.
  An ALLERGY involves redness of the skin, swelling and/or breathing difficulties.
  An INTOLERANCE is a side effect (e.g. stomach cramps) that doesn't require the discontinuation of product.
- If you have the NAME AND THE PHONE NUMBER OF YOUR COMMUNITY PHARMACY, please write it down.
- Write all the information you have about your child's MEDICATIONS AND OTHERS TREATMENTS. Include all products taken in the past 2 weeks, daily or not. Medications include tablets, capsules, inhalers, syrups, suppositories, drops, creams, gels, vaccines, etc.
- Don't forget "over-the-counter" medication (non-prescription drugs) and natural health products (including vitamins, minerals, medicinal plants, homeopathic remedies, probiotics, amino acids, fatty acids, etc.)
- If your child is not on any medication or any other product, please write down "NO MEDICATION".
- Your signature is important. Write the date as well.

Who do I have to hand back the form to?

- When you arrive with your completed form to the hospital, you can give it to a nurse or a physician during your child's evaluation.
- A staff member may see you again in order to clarify information reported in the document.

Thank you for your participation.