

PREOPERATIVE ASSESSMENT CENTER MEDICATION RECONCILIATION

Name: _____ Last 4 SS# _____

Allergies and Medications to Avoid and Adverse Reactions to each Medication:

Current Medications:

List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals). The records in the computer generated list are not always up-to-date. It is very important for the surgeon and the anesthesia providers to have a complete list of the current medications you are taking in order to provide the safest care possible. If you do not know all of the medications you are on please bring a list with you on the day of your procedure. Thank you!

Medication	Dosage	# of time you take per day or state "as needed"
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