

# Medication Reconciliation Post-Discharge Worksheet

Please use this assessment form to provide documentation to complete the Transitions of Care Medication Reconciliation Post-Discharge (TRCMRP) HEDIS measure.

## Member information

Patient name:		Health care professional name: Primary <b>or</b> Ongoing health care professional	
Patient date of birth: (format mm/dd/yyyy)	Patient discharge date: (format mm/dd/yyyy)	Medication reconciliation date: (format mm/dd/yyyy)	

## Discharge information – Post-discharge hospital follow-up visit

Place this medication reconciliation documentation in the outpatient medical record from the discharge date up to 31 days after discharge.

## List of medications

	Drug name	Dose at discharge	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

No medications were prescribed or ordered upon discharge

**Attestation:** I have reviewed the patient's discharge medications and reconciled against pre-admission medications. I have placed a copy of this document in the outpatient medical record.

## Health care professional name and credentials

Name:	Credentials:
Electronic signature:	Date of review:

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