

HOSPITAL DISCHARGE MEDICATION LIST FOR PATIENTS WITH TYPE 2 DIABETES

Instructions for healthcare professionals: List all medications the patient is taking at time of discharge. Lastly, include all prescription and over-the-counter medications, and vitamin/mineral/herbal supplements the patient is taking.

Name: _____ Patient ID#: _____

Primary Diagnosis/Reason for Hospitalization: _____ Date of Discharge: _____

Name of Hospital Contact: _____ Phone Number of Hospital Contact: _____

Medication List				
Medication	New Prescription (Yes/No)	Dosage	Duration/Frequency	Special Instructions

This form is designed to collect personal health information and should be maintained to protect from inadvertent disclosure.
This form is for personal use and does not replace the organization's preferred discharge medication list.

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Medication List

Medication	New Prescription (Yes/No)	Dosage	Duration/Frequency	Special Instructions

Note to the patient: Give this completed form to all of your healthcare professionals involved in your care, and keep a copy for your records. Remember to always take your medications as directed, and call your healthcare professionals if you have any questions.

Medications discontinued in the hospital:

Follow-up instructions: Please provide any important follow-up instructions that need to be noted for the patient (eg, recent change in medication regimens, contraindications, allergies, dietary restrictions, medical conditions).

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