**S-Table 1:** Common list of 18 items combined from the physician consensus and the pharmacist consensus that was given to the focus group 3.

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| Item |
| Reason for hospital stay, significant elements and diagnosis(es) at discharge. |
| Reasons for introducing or discontinuing medications. |
| Medication review, monitoring schedule, conditions for discontinuation. |
| Laboratory or clinical tests to order. |
| A dedicated phone number should a call be needed.  |
| Name of the private practitioner to whom the report is addressed; name of the hospital unit that discharged the patient with the name of the physician in charge, the resident and the hospital pharmacist. |
| Information about:- any future medication review,- therapeutic advice,- patient adherence.  |
| Known allergies; information about liver or kidney failure; weight. |
| Main adverse drug reactions to monitor after discharge. |
| Discharge prescription: * Drugs continued, discontinued, introduced, changed,
* Formulation, dose, future change,
* Duration of treatment,
* Proprietary and non-proprietary names of prescribed drugs.
 |
| Is there any self-medication? |
| Patient autonomy: drug administration (patient, informal caregiver, healthcare professional). |
| Date of latest pertinent blood tests. |
| Does the patient have the prescription/drugs or not; for how long? |
| Patient’s full name and address, date of birth and healthcare fund identifier |
| Name of the hospital and admission/discharge dates |
| Signature. |
| Treatment plan, advice. |