

Patient Number: _____

Date of PharmD TOC visit: _____

Rx meds used at least weekly: _____ # of OTC/vitamins/supplements used at least weekly: _____

MRP Related to (circle one) H: Hospitalization O: Other Medical Problems	Indication	Medication(s) Involved	Medication or Health Related Problem Use Key	Intervention/ Recommendation: Use Key	Intervention Accepted by Provider Within 30 days of discharge?	Intervention Accepted by Patient Within 30 days of discharge?
H O		Original: Modified after follow-up visit:		<input type="checkbox"/> Recommend -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Key: Medication or Health Related Problem (MRP)	Key: Recommendation
<ol style="list-style-type: none"> 1. Untreated indication/medical problem 2. Sub-therapeutic dosage (drug dosing, interval, or duration not adequate for treatment goals) 3. Improper drug selection (treatment not optimal based on current evidence/guidelines) 4. Over-dosage (drug dosing, interval, or duration excessive for treatment goals/ provider over-prescribing) 5. Incomplete/improper instructions 6. Drug use without indication 7. Polypharmacy (multiple different medications to treat same condition) 8. Duplication (same medication listed more than once) 9. Adverse drug reaction 10. Drug interaction 11. Lab/diagnostic test indicated, not ordered 12. Abnormal lab result not addressed 13. Patient medication overuse 14. Patient medication underuse 15. Dosage form is not reasonable for patient 16. Inadequate patient self-management of lifestyle and other non-drug variables 17. Failure to receive drug (not available in prescribed strength/patient did not receive medication) 18. Inadequate refills between scheduled visits 19. Non-formulary/not cost effective drug choice 20. No follow-up appointment with provider (PCP, PharmD, etc.) 21. Pill burden 22. Need for assessment/monitoring 23. Need for information (including patient/family concerns) 24. Other 	<ol style="list-style-type: none"> A. Start medication B. Stop medication C. Change medication D. Adjust dose E. Adjust interval F. Adverse drug reaction review/information provided G. Drug interaction review/information provided H. Lab monitoring I. Patient education provided <ol style="list-style-type: none"> a. Medication related b. Care related c. Appointment related d. Smoking cessation J. Coordination of care <ol style="list-style-type: none"> a. Refer to other service <ol style="list-style-type: none"> i. PharmD ii. Nurse iii. Social work iv. Dietician v. Diabetes education b. Refill request c. Made appointment with provider <ol style="list-style-type: none"> i. PCP ii. PharmD iii. Other d. Outreach to Pharmacy e. Communication of info (for provider) K. Provider review request <ol style="list-style-type: none"> a. Symptoms monitoring b. Objective monitoring c. Medication reconciliation d. Other L. Other

Date collected: ___ / ___ / 20___

Date entered: ___ / ___ / 20___

Initials:

Initials: