

Medication Review Form

Date: _____ Participant name: _____

D.O.B. _____ M F Phone #: _____ Zip Code: _____

Participant diagnosis: _____ Location: _____

Race (Check all that apply): American Indian or Alaska Native Asian African American

Native American or Pacific Islander White Other: _____

Person(s) completing form: _____

Please check all that apply: Medicare Medicaid Both Other Insurance No insurance

Medication	Route	Dose	Schedule	Indication	Comment

- How many medications (prescription, over the counter, vitamins/minerals/nutraceuticals) were brought by the participant? _____
- Did the participant say they brought in all their prescription medication containers?
 Yes No
- Did the participant say they brought in all their over the counter medications and supplements?
 Yes No
- Has anyone asked about the participants medications in the last 6 months, not including today's discussion? Yes No



5. Could the participant state what each medication was for? Yes No

6. Could the participant state how and when they should take each medication? Yes No

7. What information did you share with the participant? Please check all that apply.

Expired medications were identified by label

Compliance or adherence

Alternate over-the-counter medications were being used by the participant without a prescription or communication with the primary care provider.

Cost of the medications, possible generics available

Other: Please specify _____

**A number of conditions may be identified regarding medication regimens.
Please check all that apply.**

a. ____ Duplicate medications

b. ____ Expired medications

c. ____ Participant had contraindication for one or more medications

d. ____ Drug-drug interactions could be possible

e. ____ Medication was correct, but dose was not

f. ____ Participant stopped taking prescription medications without telling a clinician

g. ____ Participant stopped taking an over-the-counter medication or supplement without telling a clinician

h. ____ Participant taking a new prescription medication (prescribed by another doctor) without telling a clinician

i. ____ Participant taking a new over-the-counter medication or supplement without telling a clinician

j. ____ Pill bottles brought in by participant did not match the medication list in the participant's record

k. ____ Participant not taking medication as prescribed

l. ____ Participant failed to get medication(s) refilled

m. ____ Participant changed to cheaper medication

n. ____ A possible risk to participant safety

Comments: _____
