

## 1 Patient Information

### 1 PATIENT DETAILS

Name:	_____	Date Updated:	_____
DOB:	_____	Provider / Reviewer:	_____
Age / Sex:	_____	MRN / Patient ID:	_____
Pharmacy:	_____		_____
Medication List Source:	_____		_____

## PU Purpose of Medication List

### 2 REASON FOR REVIEW

Reason the medication list is being created or updated — routine reconciliation, chronic disease management, hospital discharge follow-up, pre-operative review, specialist consultation, medication safety review, or caregiver coordination...

## RX Current Prescription Medications

### 3 ACTIVE PRESCRIPTIONS

Medication / Dose / Route	Frequency	Indication	Prescriber	Adherence	Side Effects / Concerns

## OTC OTC / Supplements / PRN Medications

### 4 NON-PRESCRIPTION & AS-NEEDED MEDICATIONS

OTC Medications (name / dose / reason): \_\_\_\_\_ Supplements / Herbal Products (name / dose / concerns): \_\_\_\_\_

PRN Medications (medication / indication / actual use pattern): \_\_\_\_\_

## CH Recent Changes

### 5 MEDICATION CHANGES

#### 5a RECENTLY STARTED

Newly initiated medications — start date, indication, expected duration, monitoring needs, early response or side effects...

**5b RECENTLY CHANGED / DISCONTINUED**

Changed medications (prior vs. new regimen, reason): \_\_\_\_\_ Discontinued medications (reason for stopping): \_\_\_\_\_

**AL Medication Allergies / Adverse Reactions**

**6 KNOWN ALLERGIES**

Medication or drug class — reaction type, severity, date or approximate timing...

**AD Medication Adherence & Safety Review**

**7 ADHERENCE & SAFETY**

**7a ADHERENCE ASSESSMENT**

Missed doses / barriers: \_\_\_\_\_ Aids (pillbox / reminders / packaging): \_\_\_\_\_

Patient understanding of medications: \_\_\_\_\_

**7b MEDICATION SAFETY REVIEW**

Duplicate therapies, drug-drug interactions, drug-disease interactions, high-risk medications, renal/hepatic dose adjustments, fall/cognitive risk related to medications, pregnancy/lactation...

**MN Monitoring Requirements**

**8 LAB & CLINICAL MONITORING**

Renal function: _____	Liver function: _____
Electrolytes: _____	Blood pressure: _____
Glucose / A1c: _____	INR / anticoagulation: _____
Drug levels: _____	ECG / QT monitoring: _____

**RS Medication Reconciliation Summary**

**9 RECONCILIATION SUMMARY**

Medication list reviewed and updated. Discrepancies identified and resolved. Patient/caregiver understanding confirmed. Pharmacy or outside records reviewed. Provider notified of clinically significant concerns...

**P Plan**

**10 NEXT STEPS**

Continue / start / stop / adjust: _____	Refill needs: _____
Labs or monitoring ordered: _____	Pharmacy coordination: _____
Patient education provided: _____	Next medication review: _____

**TIME DOCUMENTATION & BILLING**

Total Time: \_\_\_\_\_ Counseling / Coordination Time: \_\_\_\_\_ E/M / Billing Code: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_

Basis for Billing: \_\_\_\_\_ Primary ICD-10 Code: \_\_\_\_\_

Secondary ICD-10 Code(s): \_\_\_\_\_

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PROVIDER / REVIEWER NAME

CREDENTIALS

DATE

TIME

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