Sample MTM form for assistance in guiding medication therapy review.

COMMUNITY HEALTH PLAN of Washington™

PATIENT INFORMATION	
Name:	Date of Birth:
Primary Care Physician:	Allergies:

PATIENT HISTORY	
Past Medical History:	Family History:
Social History:	Behavioral Status (Smoking, Alcohol Use, Sleep Habits, Etc):
Current Chronic Condition:	

List Of Current Prescribed Medications With Dosages
(Includes Over-The-Counter And Dietary Supplements):

1.
2.
3.
4.
5.
6.
7:
8:
9:
10:

List of "High Risk" Medications
(See Beers List)

1.
2.
3.
4.
5.
6.
7:
8:
9:
10:

Relevant Lab Values:

Last reviewed 10/11/2017

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Member's Concerns To Be Discussed At This Visit:

TITLE NEEDED HERE	
Drug-Drug Interactions:	High Risk Meds (Drugs To Be Avoided In The Elderly):
Diabetes Medication Dosing:	Medication Persistence:
Polypharmacy:	Overutilization:
Underutilization:	Medication Issues Resolved:
Overall Prescription Drug Costs:	

TITLE NEEDED HERE	
Patient Understanding:	
Self-Management (Programs And Resources):	
Member Satisfaction:	Provider Satisfaction:

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COMMUNITY HEALTH PLAN of Washington™

ASSESSMENT

PLAN

FOLLOW-UP RECOMMENDATIONS

Last reviewed 10/11/2017