

# Medication Review Form



Date: \_\_\_\_\_

Participant name: \_\_\_\_\_ Participant #: \_\_\_\_\_

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

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



BLUE BAG  
INITIATIVE

### After Review and Education

1. Could the participant state what each medication was for?  Yes  No
2. Could the participant state how and when they should take each medication?  Yes  No
3. 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/events may be identified regarding medication regimens.  
Please check all that apply.**

- |  |  |
|--|--|
| <b>a.</b> ____ Duplicate medications   | <b>h.</b> ____ Participant taking a new prescription medication (prescribed by another doctor) without telling a clinician |
| <b>b.</b> ____ Expired medications   | <b>i.</b> ____ Participant taking a new over-the-counter medication or supplement without telling a clinician              |
| <b>c.</b> ____ Participant had contraindication for one or more medications  | <b>j.</b> ____ Pill bottles brought in by participant did not match the medication list in the participant's record        |
| <b>d.</b> ____ Drug-drug interactions could be possible  | <b>k.</b> ____ Participant not taking medication as prescribed   |
| <b>e.</b> ____ Medication was correct, but dose was not  | <b>l.</b> ____ Participant failed to get medication(s) refilled  |
| <b>f.</b> ____ Participant stopped taking prescription medications without telling a clinician                     | <b>m.</b> ____ Participant changed to cheaper medication   |
| <b>g.</b> ____ Participant stopped taking an over-the-counter medication or supplement without telling a clinician | <b>n.</b> ____ A possible risk to participant safety   |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_