

EncounterWorksheet

PRESCRIPTION INFORMATION																							
Patient Info/Rx Info																							
Patient ID Number												Gender		Date of Birth									
												M F		Y Y Y Y M M D D									
Patient Last Name																							
Patient First Name																							
New Medication																							
New Rx Date						New Rx Number						Metric Qty.						Days Supply					
M M D D Y Y Y Y																							
New Rx National Drug Code												New Rx Prescriber ID											
Labeler				Product				Pkg															

MONITORING																							
Attempts												Appointment											
1 ____/____/____ @ ____:____ AM/PM												____/____/____											
2 ____/____/____ @ ____:____ AM/PM												____:____ AM / PM											
3 ____/____/____ @ ____:____ AM/PM												(____) ____ - ____											
Current Medication																							
Current Rx Date						Current Rx Number						Metric Qty.						Days Supply					
M M D D Y Y Y Y																							
Current Rx National Drug Code												Current Rx Prescriber ID											
Labeler				Product				Pkg															

ENCOUNTER DOCUMENTATION												Date of Encounter/Follow-up												Claim Number											
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I. Indication For Service (REASON)				II. Service Provided (ACTION)				III. Outcome of Service (RESULT)			
CMR - Complex Drug Therapy		100		Comprehensive Med Review (CMR)		200		CMR - Drug Therapy Problems Identified		300	
								CMR - No Drug Therapy Problems Identified		301	
								Patient Refused		380	
Cost Effective Alternative		105		Prescriber Consultation		205		Initiated Cost Effective Drug		305	
								Prescriber Refused Recommendation		375	
								3 Attempts Unable to Reach Prescriber		378	
Cost Effective Alternative		105		Patient Consultation		215		Patient Refused		380	
New/Changed Prescription Therapy		110		Patient Education and Monitoring		210		Therapy Success (Resolved/Stable)		310	
New/Changed OTC Therapy		117						Therapy Failure (Unresolved/Worse)		320	
								Patient Refused		380	
DRUG THERAPY PROBLEM DETECTED:				Patient Education:				DRUG THERAPY PROBLEM RESOLVED:			
INDICATIONS				<input type="checkbox"/> Name of Drug <input type="checkbox"/> Therapeutic Class <input type="checkbox"/> Directions for Use <input type="checkbox"/> Side Effects/Warnings <input type="checkbox"/> Storage Requirements				INDICATIONS			
Needs Drug Therapy 120				Initial consultation date: <u>MM / DD / YYYY</u> <input type="checkbox"/> Missed Dose Actions <input type="checkbox"/> Written Material				Initiated New Therapy 330			
Unnecessary Prescription Therapy 125				<input type="checkbox"/> Set Monitoring Appointment				Discontinued Therapy 335			
EFFICACY				Monitoring:				EFFICACY			
Suboptimal Drug 130				Follow-up date: <u>MM / DD / YYYY</u>				Changed Drug 340			
Dose Too Low 135				Is the patient satisfied with the therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the symptoms improve? <input type="checkbox"/> Yes <input type="checkbox"/> No Were any adverse reactions reported? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient adherent with therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Increased Dose 345			
SAFETY								SAFETY			
Adverse Drug Reaction 140								Decreased Dose 355			
Drug Interaction 145								Prescriber Refused Recommendation 375			
Dose Too High 150								3 Attempts Unable to Reach Prescriber 378			
ADHERENCE								ADHERENCE			
Overuse of Medication 155								Altered Adherence 360			
Underuse of Medication 160								Altered Administration or Technique 365			
Inappropriate Admin/Technique 165								Patient Refused 380			
								3 Attempts Unable to Reach Patient 379			

IV. Severity Level		
<input type="checkbox"/> Level 1 Adherence Support	<input type="checkbox"/> Level 4 Prevented Additional Prescription Order	<input type="checkbox"/> Level 7 Prevented a Life Threatening Situation
<input type="checkbox"/> Level 2 Reduced Drug Costs	<input type="checkbox"/> Level 5 Prevented Emergency Room Visit	
<input type="checkbox"/> Level 3 Prevented a Physician Visit	<input type="checkbox"/> Level 6 Prevented Hospital Admission	

V. Severity Level Rationale & Additional Notes
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Pharmacist Name	NCPDP/NABP	RPh Initials