# DRUG REGIMEN REVIEW

**ALLERGIES** ____________________ **PHARMACY/CONSULTANT** ____________________

**PHYSICIAN** ____________________ **PHONE** ____________________ **PHARMACY/CONSULTANT PHONE** ____________________

| DATE * ORDERED | DATE DISCONT. | MEDICATION ✓ Rx or OTC; ✓ if Self Admin | DOSE/ ROUTE** | FREQUENCY | COMMENTS SIDE EFFECTS/REACTIONS | WRITTEN ORDER FOR Rx? | CLINICIAN INITIAL |
|---|---|---|---|---|---|---|---|
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |
| ○ N ○ C | | ○ Rx ○ OTC ☐ Self Admin | | | | ○ Yes<br>○ No | |

☐ Food-drug interactions discussed (as appropriate) - Date(s) ____________________

☐ Drug-drug interactions discussed (as appropriate) - Date(s) ____________________

| REVIEWED/REVISED BY (Signature/title/date) | REVIEWED/REVISED BY (Signature/title/date) | REVIEWED/REVISED BY (Signature/title/date) |
|---|---|---|
| | | |
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| | | |

* DATE ORDERED: New (N) orders refer to medications that the patient/client has not taken recently, i.e., within the last 30 days.
Change (C) orders for medications include dosage, frequency or route of administration changes since the last certification.

** Unless otherwise indicated in Dose/Route section, all medications are by mouth.

**PART 1 – Clinical Record PART 2 – Care Manager PART 3 – Patient**

| | | |
|---|---|---|
| PATIENT NAME - Last, First, Middle Initial | PHONE # | ID# |

**Form 3537/3P** Rev. 9/21

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