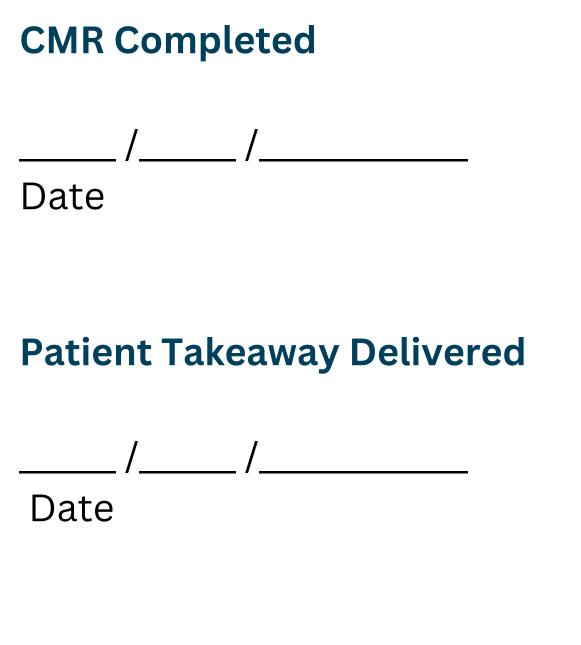
Comprehensive Medication Review CMRWorksheet



Patient Name:				
D.O.B / / Phone #: ()				
Is the patient cognitively impaired? Yes / No				
Brief Interview for Mental Status (BIMS) score <8				
Cognitive impairment noted in patient's chart				
Confirmed status with family member/caregiver				
Confirmed status with healthcare staff				
Mini-mental state examination (MMSE) score <19				



CMR Claim Submitted on Outcomes

Was the patient in a long term care (LTC) facility when the CMR was completed? Yes / No	platform
	//
Is the CMR with the patient? Yes / No	Date
If no, who is the CMR recipient?	
Name:	
Relationship to patient:	
CMR Recipient	Pharmacist

Required: Discuss how to safely dispose of unused prescription medications during the CMR.

City: ______ State: _____ ZIP: _____

Address:_____

Pharmacy

Other:

Health Profile



- □ AFib
- □ Alcohol/Drug Dependency

- □ Diabetes
- □ End Stage Liver Disease
- □ End Stage Renal Disease

Mental Health Condition □ Migraine Headache □ Mood Disorder

Allergies □ Anemia □ Anxiety □ Arthritis □ Asthma □ Autoimmune Disorder □ Bipolar Disorder □ Bladder Control □ Blood Clot Prevention □ Blood Disorder □ Brain Disorder (Neurologic) □ Cancer □ Cardiovascular Disease □ Chest Pain □ Constipation □ Depression

Enlarged Prostate Fluid Retention Gastrointestinal Disorder □ Glaucoma □ Gout □ Heart Disease □ Heart Event □ Heart Failure □ Heartburn □ Hepatitis □ High Blood Pressure □ High Cholesterol □ HIV/AIDS □ Inflammatory Bowel Disease (IBD) □ Irritable Bowel Syndrome (IBS) □ Lung Disease □ Memory Disorder

Movement Disorder □ Multiple Sclerosis □ Nerve Pain □ Osteoporosis □ Pain □ Parkinson's Disease □ Peripheral Artery Disease □ Psoriasis □ Restless Leg Syndrome Rheumatoid Arthritis □ Schizophrenia □ Seizures □ Sexual Dysfunction □ Sleep Disorder □ Stroke □ Thyroid Disorder

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CMR Worksheet



B	B Drug Allergies -			
	Medication	Allergic Reaction	Medication	Side Effect Reaction
				>

Med List

As you review medications, discuss purpose, instructions for safe use and the patient's experience with the medication.

Identify and discuss any concerns or issues related to indication, efficacy, safety, adherence or cost.

In directions, include the 5 required elements: dose, dosage form, strength, route of administration and frequency.

Name/Strength	Prescriber	Directions	Related Condition	Potential Problems





Medications (continued)

Name/Strength	Prescriber	Directions	Related Condition	Potential Problems

Action Plan

List concerns, problems or recommendations discussed during the CMR that will go on the Patient Takeaway.

Medication	Description of the Problem	What the Patient Should Do
0		
2		
3		
4		
5		
6		
7		

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Additional Notes



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