

Comprehensive Medication Review  
**CMR Worksheet**



Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Is the patient cognitively impaired? Yes / No

Is the CMR with the patient? Yes / No

*If no, who is the CMR recipient?*

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

CMR Recipient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CMR Completed**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Patient Takeaway Delivered**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**CMR Claim Submitted on Connect™ Platform**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacist

\_\_\_\_\_  
Pharmacy

**Medication Profile**

**A Current Conditions**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Alzheimer's Disease          | <input type="checkbox"/> Chronic Alcohol/Drug Abuse | <input type="checkbox"/> GI/Reflux/Ulcer conditions | <input type="checkbox"/> Parkinson's Disease          |
| <input type="checkbox"/> Anemia                       | <input type="checkbox"/> Chronic Lung Disorder      | <input type="checkbox"/> Hepatitis C                | <input type="checkbox"/> Rheumatoid Arthritis         |
| <input type="checkbox"/> Anticoagulation              | <input type="checkbox"/> Chronic Pain               | <input type="checkbox"/> HIV/AIDS                   | <input type="checkbox"/> Schizophrenia                |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Congestive Heart Failure   | <input type="checkbox"/> Hypertension               | <input type="checkbox"/> Severe Hematologic Disorders |
| <input type="checkbox"/> Autoimmune Disorders         | <input type="checkbox"/> COPD                       | <input type="checkbox"/> Multiple Sclerosis         | <input type="checkbox"/> Stroke                       |
| <input type="checkbox"/> Benign Prostatic Hyperplasia | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Neurologic Disorders       |   |
| <input type="checkbox"/> Bipolar Disorder             | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Osteoarthritis             |   |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Dyslipidemia               | <input type="checkbox"/> Osteoporosis               |   |

**B Drug Allergies + Side Effects**

Medication	Reaction	Medication	Reaction

**C Medications**

Name/Strength	Prescriber	Directions	Related Condition	Potential Problems
				Indication   Efficacy   Safety   Adherence   Cost

Worksheet designed for workflow purposes only; CMR must be documented online in the OutcomesMTM Connect™ Platform to be a billable claim.

**C Medications** *(continued)*

Name/Strength	Prescriber	Directions	Related Condition	Potential Problems
				Indication   Efficacy   Safety   Adherence   Cost

**Medication Action Plan (MAP)**

Problems Identified During CMR

MEDICATION	DESCRIPTION OF THE PROBLEM	WHAT THE PATIENT SHOULD DO
1 >		
2 >		
3 >		
4 >		
5 >		
6 >		