

# Encounter Worksheet



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			

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 <i>(Resolved/Stable)</i>	310
New/Changed OTC Therapy	117			Therapy Failure <i>(Unresolved/Worse)</i>	320
				Patient Refused	380
DRUG THERAPY PROBLEM DETECTED:		Patient Education:		DRUG THERAPY PROBLEM RESOLVED:	
INDICATIONS		Initial consultation date: <u>MM / DD / YYYY</u> <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	<input type="checkbox"/> Missed Dose Actions <input type="checkbox"/> Written Material <input type="checkbox"/> Set Monitoring Appointment		Initiated New Therapy	330
Unnecessary Prescription Therapy	125			Discontinued Therapy	335
EFFICACY		Monitoring:		EFFICACY	
Suboptimal Drug	130	Follow-up date: <u>MM / DD / YYYY</u> 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		Changed Drug	340
Dose Too Low	135	Prescriber Consultation 205 Patient Adherence Consultation 215 <input type="checkbox"/> Determine Barriers to Adherence Date non-adherence was identified: <u>MM / DD / YYYY</u> <input type="checkbox"/> Education <input type="checkbox"/> Set Monitoring Appointment Date non-adherence was resolved: <u>MM / DD / YYYY</u>		Increased Dose	345
SAFETY				ADHERENCE	
Adverse Drug Reaction	140			Prescriber Refused Recommendation	375
Drug Interaction	145			3 Attempts Unable to Reach Prescriber	378
Dose Too High	150			ADHERENCE	
ADHERENCE				Altered Adherence	360
Overuse of Medication	155			Altered Administration or Technique	365
Underuse of Medication	160			Patient Refused	380
Inappropriate Admin/Technique	165			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											

Pharmacist Name				NCPDP/NABP				RPh Initials			