

Patient Encounter Documentation Form



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Patient Name:	Medication(s):
DOB:	
Medication Related Problem(s) (circle selection) Date Identified: _____	Intervention(s) (circle selection) Date Resolved: _____
Noncompliance with medication regimen	Synchronization of repeat medication
Polypharmacy	Education about medication regimen adherence
Deficient knowledge of disease	Recommendation to monitor physiologic parameters
	Blood Pressure Taking
Not up to date with immunizations	Administration of substance to produce immunity, either active or passive
	Immunization education
Medication not effective	Medication therapy changed
	Medication dose increased
Blood Pressure Measurement (Date: _____) _____ mmHg	
How reported (circle one; internal use): Pharmacy-Reported Patient-Reported	

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