## **Opioid Prescription Documentation Form**



Encounter Reason: High Risk Drug Monitoring		Encounter Reason: High Risk Drug Monitoring		
Patient Name:	Medication:	Patient Name:	Medication:	
DOB:	Rx #:	DOB:	Rx #:	
Medication Related Problem	Intervention	Medication Related Problem	Intervention	
☐ Medication dose too high	☐ Pain Medication Review	☐ Medication dose too high	☐ Pain Medication Review	
Notes:		Notes:		
Use (circle one): Acute / Chronic		Use (circle one): Acute / Chronic		
Opioid Indication:		Opioid Indication:		
MME:		MME:		
PDMP Check on by		PDMP Check on by_	PDMP Check on by	
Encounter Reason: High Risk Drug Monitoring		Encounter Reason: High Risk Drug Monitoring		
Patient Name:	Medication:	Patient Name:	Medication:	
DOB:	Rx #:	DOB:	Rx #:	
Medication Related Problem	Intervention	Medication Related Problem	Intervention	
☐ Medication dose too high	☐ Pain Medication Review	☐ Medication dose too high	☐ Pain Medication Review	
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Opioid Indication:		Opioid Indication:		
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Use (circle one): Acute / Chronic		Use (circle one): Acute / Chronic		
Opioid Indication:		Opioid Indication:		
MME:		MME:		
PDMP Check on by		PDMP Check on by		