Participants: Medication Review Submission Form **Year Born_____**

Introduction:

Are you taking multiple medications or want to better understand your medications?

A pharmacist can sit down with you one-on-one to answer your questions and address your concerns through a medication review. During a medication review, a pharmacist assesses your medications, discusses your medications with you, and makes recommendations to optimize health outcomes. Through a medication review, a pharmacist can share medication-related recommendations that can be further discussed with your medical provider(s). A pharmacist also can help you identify alternative options if the cost of your medications is too high.

Please answer the following questions so the pharmacist you meet with can better understand your needs prior to your medication review session.

1. Please list all the prescription medications you are currently taking and the reason for each medication.

2. Do you know what side effects to look out for when taking these prescriptions?

3. What, if any side effects have you experienced from these prescriptions? Please list them here.

4. Please list any concerns you have about the medications you are currently taking (whether they are concerns about cost, side effects, etc.). Which ONE prescription medications concern you the most? Explain the reason behind any concerns you have.

PLEASE DO NOT WRITE BELOW THIS LINE

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5. Please list all of the over-the-counter medications or supplements you are currently taking and the reason for each (including Tylenol PM and any other over-the-counter pain medications).

6. How do you store your medications?

7. How many times per week do you forget to take your medications? What do you do if you miss a dose?

8. Do you have any other questions or concerns?

Please sign and detach the following:

I do hereby consent to share the information in my Medication Review Submission Form with the Quinnipiack Valley Health District and New Haven Health Department. I understand this information will not be released to any other entities.

Signature_____ Date_____