

# Brief Medication Management Follow-Up Note

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_ MRN/ID: \_\_\_\_\_ Provider: \_\_\_\_\_

## Current Medications

Medication	Dose	Frequency	Start/ Change Date	Adherence	Side Effects	Effectiveness

**Overall Medication Adherence:**  Good  Fair  Poor  Variable **Barriers to Adherence:**  None  Cost  Side Effects  Forgetting  Other: \_\_\_\_\_

## Vital Signs

BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Changes Since Last Visit:  None  Weight gain/loss: \_\_\_\_\_  BP changes  Other: \_\_\_\_\_

## Symptom Review

**Target Symptoms:** 1. \_\_\_\_\_:  Improved  Unchanged  Worse | Severity (0-10): \_\_\_\_\_ 2. \_\_\_\_\_:  Improved  Unchanged  Worse | Severity (0-10): \_\_\_\_\_ 3. \_\_\_\_\_:  Improved  Unchanged  Worse | Severity (0-10): \_\_\_\_\_

**Side Effects:**  None reported  Present: \_\_\_\_\_

**Rating Scales (if applicable):**  PHQ-9 Score: \_\_\_\_\_  GAD-7 Score: \_\_\_\_\_  Other: \_\_\_\_\_ Score: \_\_\_\_\_

# Interval History

Significant Events Since Last Visit: \_\_\_\_\_ Medical Changes: \_\_\_\_\_

Psychosocial Changes: \_\_\_\_\_

## Mental Status Examination (significant findings only)

Appearance/Behavior:  WNL  Abnormal: \_\_\_\_\_ Speech:  WNL  Abnormal: \_\_\_\_\_

Mood/Affect:  WNL  Abnormal: \_\_\_\_\_ Thought Process/Content:

WNL  Abnormal: \_\_\_\_\_ Cognition:  WNL  Abnormal: \_\_\_\_\_ Insight/

Judgment:  WNL  Abnormal: \_\_\_\_\_

## Risk Assessment

Current Suicidal Ideation:  No  Yes: \_\_\_\_\_ Current Homicidal Ideation:  No

Yes: \_\_\_\_\_ Risk Level:  Low  Moderate  High  Imminent

## Assessment

Current Diagnoses: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Clinical Status:  Improved  Stable  Worsening  Mixed  In remission  In relapse

## Plan

Medication Changes:  No changes  Discontinue: \_\_\_\_\_  Decrease: \_\_\_\_\_  
 Increase: \_\_\_\_\_  New medication: \_\_\_\_\_

Labs Ordered:  None  CBC  CMP  Lipid Panel  TSH  Medication Levels:

Other: \_\_\_\_\_

Psychotherapy/Counseling:  Continue current  Refer to: \_\_\_\_\_

Follow-up:  1 week  2 weeks  1 month  3 months  Other: \_\_\_\_\_

Additional Recommendations:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

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## Web Implementation Notes

This form should be implemented with:

- Medication-focused interface with prominent medication list
- Side effect tracking with trend visualization
- Vital sign entry with abnormal value highlighting
- Lab value review section with reference ranges
- Medication dosage calculator
- Days' supply calculator
- Refill tracking system
- Lab value trend graphs
- Mobile-responsive design
- PDF export functionality
- Save/load capability
- Quick-text templates for common medication changes
- Automatic calculation of days between visits