

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:

Provider Signature: _____ Date: ____ Credentials: _____ License #: _____

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