**Tables for DDLists or Check Boxes (CB) for CMR/TMR**

**Session Information:**

**(7) Session Time**

|  |
| --- |
| **Session Time** |
| 15 minutes |
| 30 minutes |
| 45 minutes |
| 1 hour |
| 1.25 hours |
| 1.5 hours |

**Demographics:**

**(12) Age Category**

|  |
| --- |
| **AGE Category** |
| < = 64 |
| 65-74 |
| > = 75 |

**(14) Gender**

|  |
| --- |
| **GENDER** |
| Male |
| Female |

**(15) Race (Check Boxes)**

|  | |
| --- | --- |
| **Race** | **Race SPA** |
| White | Blanco |
| American Indian or Alaska Native | Nativo de Alaska of Indio Americano |
| Asian | Asiático |
| Black or African American | Afroamericano o Negro |
| Native Hawaiian or Other Pacific Islander | Nativo de las Islas de Hawái o del Pacifico |

**(16) Ethnicity**

|  |  |
| --- | --- |
| **Ethnic Category** | **Ethnic Category SPA** |
| Hispanic or Latino | Hispano o Latino |
| Non- Hispanic or Latino | No es Hispano o Latino |

**(19) Number of Pharmacies**

|  |
| --- |
| **# Pharmacies** |
| 0 |
| 1 |
| 2 |
| 3+ |

**(24) Chronic Health Conditions (CB)**

|  |  |
| --- | --- |
| Chronic Health Conditions |  |
| Diabetes | Anticoagulation |
| Hypertension | Other |
| Dyslipidemia |  |
| Chronic heart Failure (CHF) |  |
| End Stage Renal Disease |  |
| Cardiovascular Disorders |  |

**(25) Reason for CMR/TMR )**

|  |  |
| --- | --- |
| Reason for Medication Review | Razones para la revisión de medicamentos |
| To obtain a complete list of my medications | Obtener una lista complete de mis medicamentos |
| To understand what my medications are for | Entender para que son mis medicamentos |
| To know when to take my medications | Saber cuándo puedo tomar mis medicamentos |
| To see if my medications interact | Ver si mis medicamentos interaccionan |
| To review how take or use my medications | Revisar como administrar mis medicinas |

**Prescription Medication Review**

**(26) Drug Category**

|  |
| --- |
| **Category** |
| **Prescription** |
| **over-the-counter** |
| **Dietary Supplement** |
| **Herbal** |

**(28 &29) Part D Drug Class**

|  |
| --- |
| **Part D Drug Classes** |
| ACE-Inhibitors |
| Alpha Blockers |
| Angiotensin Receptor Blockers (ARBs) |
| Antiarrhythmics |
| Anticoagulants |
| Anticonvulsants |
| Antidepressants |
| Antiemetics |
| Antihyperlipidemics |
| Antihypertensives |
| Antineoplastics |
| Antiplatelets |
| Antipsychotics |
| Antiretroviral Therapy |
| Beta Blockers |
| Bisphosphonates |
| Bronchodilators |
| Calcium Channel Blockers |
| Disease-Modifying Anti-Rheumatic Drugs (DMARDs) |
| Diuretics |
| Inhaled Corticosteroids |
| Insulins |
| Interferons |
| Oral Hypoglycemics |
| Proton Pump Inhibitors |
| Selective Serotonin Reuptake Inhibitors (SSRIs) |
| Tumor Necrosis Fator (TNFs) |
| Other: |
| Other: |
| Other: |
| Other: |
| Other: |

**(31)** **Unit of Dose**

| **Daily Dosing Units** | |
| --- | --- |
| **Units** | **Units SPA** |
| ½ to 1 tab | 1/2 o 1 tableta |
| ½ to 1 tablets | 1/2 o 1 tableta |
| 1 and 1/2 tablets | 1 & 1/2 tableta |
| 1 capful | 1 tapa |
| 1 capsule | 1 capsula |
| 1 drop | una gota |
| 1 injection | 1 inyección |
| 1 patch | un parcho |
| 1 puff | una inhalación |
| 1 spray | 1 aerosol |
| 1 spray | 2 aerosoles |
| 1 tablet | 1 tableta |
| 1 to 2 puffs | 1 o 2 inhalaciones |
| 1 To 2 tablets | 1 o 2 tabletas |
| 1 to 2 teaspoonsful | 1 o 2 cucharaditas |
| 1 teaspoon | una cucharada |
| 1/2 tablet | 1/2 tableta |
| ½ to 1 tablet | 1/2 o 1 capsula |
| 10 units | 10 unidades |
| 2 capsules | 2 capsulas |
| 2 puffs | 2 inhalaciones |
| 2 sprays | dos aerosoles |
| 2 tablets | 2 tabletas |
| 2 to 4 tablets | 2 a 4 tabletas |
| 2 teaspoonsful | 2 cucharadas |
| 20 units | 20 unidades |
| 3 capsules | 3 capsulas |
| 3 tablets | 3 tabletas |
| 4 capsules | 4 capsulas |
| 4 Tabs | 4 tabletas |
| 5 tab | 5 tabletas |
| 7 &1/2 tabs | 7 &1/2 tabletas |
| 8 tablets | 8 tabletas |
| cream | crema |
| infusion | infusión |
| injection | inyección |
| insulin units | unidades de insulina |
| IU | Unidades Internacionales |
| ointment | ungüento |
| packet | paquete |
| packets | paquetes |
| powder | polvo |
| taper | Disminución |
| units | unidades |

**(32) Instructions**

|  | |
| --- | --- |
| **Description** | **Description SPA** |
| once daily | una vez al día |
| two times a day | dos veces al día |
| three times a day | tres veces al día |
| four times a day | cuatro veces al día |
| once a week | una vez en semana |
| once a month | una vez al mes |
| every other day | alternando los días |
| as directed | según indicado |
| as needed | Cuando necesite |
| at bedtime | Antes de acostarse |

**(33) Indication**

|  | |
| --- | --- |
| **Description** | **Description SPA** |
| Acid reflux (GERD) | Reflujo estomacal |
| Allergies | Alergias |
| Alzheimer’s Disease | Enfermedad de Alzheimer |
| Anemia | Anemia |
| Angina | Angina |
| Anxiety | Ansiedad |
| Anxiety/sleep | Insomnio |
| Arrhythmia | Arritmia |
| Arthritis | Artritis |
| Asthma | Asma |
| Atrial fibrillation | Fibrilación auricular |
| Bipolar Disorder | Trastorno Bipolar |
| Blood Thinner | Anticoagulante |
| Breast cancer | Cáncer del seno |
| Bronchitis | Bronquitis |
| Carpal Tunnel Syndrome | Tendinitis de la muñeca |
| Cataracts | Cataratas |
| Chest Pain | Dolor en el pecho |
| Cholesterol | Colesterol |
| Cold | Resfriado |
| Cold sores | Ronchas en los labios |
| Constipation | Estreñimiento |
| COPD | Enfermedad obstructiva crónica del pulmón |
| Coronary Artery Disease (CAD) | Enfermedad Coronaria |
| Cough | Tos |
| Cramps | Calambres |
| Dental Health | Salud dental |
| Depression | Depresión |
| Dermatitis | Dermatitis |
| Diabetes | Diabetes |
| Diarrhea | Diarrea |
| Dizziness | Mareos |
| Does not know | No sabe |
| Dry eyes | Ojos secos |
| Edema | Hinchazón |
| Energy | Energía |
| Erectile Dysfunction | Disfunción eréctil |
| Eyes | Ojos |
| Fungal infection | Infección de hongo |
| Gastroparesis | Gastroparesia |
| Glaucoma | Glaucoma |
| Gout | Gota |
| Gum Problems | Problemas en las encías |
| Hallucinations | Alucinaciones |
| Headache | Dolor de cabeza |
| Heart | Corazón |
| Congestive Heart Failure (CHF) | Fallo cardiaco |
| Hiatal Hernia | Hernia esófago |
| High Blood Pressure (HTN) | Presión alta |
| Hormone | Hormona |
| Hypokalemia | Potasio bajo |
| Hypothyroidism | Tiroides baja |
| Incontinence | Incontinencia |
| Infection | Infección |
| Interstitial Cystitis | Cistitis |
| Iron Deficiency | Deficiencia de hiero |
| Irritable Bowel Syndrome (IBS) | Síndrome del intestino irritable |
| Kidney Stones | Piedras en los riñones |
| Low Potassium | Potasio bajo |
| Lupus (SLE | Lupus |
| Macular Degeneration | Degeneración macular |
| Memory | Memoria |
| Menopausal Symptoms | Síntomas de menopausia |
| Migraine | Migraña |
| Moderate Pain | Dolor Moderado |
| Moodiness | Estado de animo |
| Multiple Sclerosis (MS) | Esclerosis múltiple |
| Muscle Relaxant | Relajante muscular |
| Narcolepsy | Narcolepsia |
| Nausea | Nausea |
| Neurological Condition | Nervios |
| Neuropathic Pain | Dolor por neuropatía |
| Neuropathy | Neuropatía |
| Osteoarthritis | Osteoartritis |
| Osteoporosis | Osteoporosis |
| Overactive Bladder | Incontinencia |
| Pain | Dolor |
| Pancreatic insufficiency | Insuficiencia pancreática |
| Parkinson’s Disease | Enfermedad de Parkinson |
| Peripheral Edema | Hinchazón |
| Peripheral Vascular Disease (PVD | Enfermedad vascular periférica |
| Platelets | Plaquetas |
| Pregnancy/Breastfeeding | Embarazo |
| Prevention | Prevención |
| Prostate | Próstata |
| Psoriasis | Soriasis |
| Psoriatic Arthritis | Artritis psoriásica |
| Psychotic Disorders | Desórdenes psicóticos |
| Pulmonary Hypertension | Hipertensión pulmonar |
| Rash | Sarpullido |
| Reflux | Reflujo estomacal |
| Restless Leg | Piernas inquietas |
| Rheumatoid Arthritis | Artritis reumática |
| Rosacea | Rosácea |
| Schizoaffective Disorder | Desorden esquizoafectivo |
| Seizures | Epilepsia |
| Shortness of Breath | Falta de aire |
| Skin irritation | Irritación en la piel |
| Sleep | Dormir |
| Smoking Cessation | Dejar de fumar |
| Spasms | Espasmos |
| Stroke | Ataque cerebral |
| Stroke Prevention | Prevención ataque cerebral |
| Swelling | Hinchazón |
| Syncope | Desmayo |
| Tachycardia | Taquicardia |
| Thyroid | Tiroides |
| Tremor | Temblores |
| Ulcerative Colitis | Colitis |
| Ulcers on Feet | Ulceras en los pies |
| Urinary Retention | Retención de orina |
| Urinary Tract Infection | Infección de orina |
| UTI prophylaxis | Prevención de infección de orina |
| Vaginal Itch | Picor vaginal |
| Vertigo | Vértigo |
| Vitamin B 12 Deficiency | Deficiencia de vitamina B12 |
| vitamin D deficiency | Deficiencia de vitamina D |

**(34) How long taking?**

|  | |
| --- | --- |
| **How long taking?** | **How long taking? SPA** |
| < 1 year | < 1 año |
| 1-5 years | 1 a 5 años |
| >5 years | >5 años |

**(40) Medication Related Problem**

|  |
| --- |
| **COMMENT\_CODE** |
| I1 Medication without indication |
| I2 Duplicate therapy |
| I3 Indication without medication |
| M1 Lab test indicated |
| S1 Dose too high |
| S2 ADR |
| S3 Drug interaction |
| S4 High risk medication |
| S5 Unnecessary drug |
| E1 Dose too low |
| E2 Improper drug |
| E3 Expired medication |
| E4 Time of day |
| A1 Failure to receive therapy |
| A2 Overutilization |
| A3 Administration challenges |
| A4 Cost |
| A5 Med organization |
| A6 Does not understand instructions |
| A7 Prefers not to take |
| D1 Self screening of BP |
| D2 Self screening of diabetes |
| D3 Lifestyle modifications |
| D4 Patient care referrals |
| D5 Routine tests |
| D6 Disease state education |
| D7 Self-care recommendation |

**(41) Recommendations Category**

|  |
| --- |
| Recommendations |
| Review technique of administration |
| Review indications |
| Provided drug education |
| Initiate Drug |
| Change drug |
| Increase home monitoring |
| Discontinue or substitute drug |
| Referral: Disease Management |
| Referral: Specialty Management |
| Referral: Case Management |

**(43) Follow-up Recommendation**

|  |
| --- |
| Follow-up |
| Meet in one month |
| Meet in 3 months |
| Meet in 6 months |
| Meet in one year |

**(44) Materials Delivered (CB)**

|  |
| --- |
| **Materials Delivered** |
| Written CMR Summary |
| Wallet Card |
| Medication History |
| Lab History |
| Alternative Language Translations |

**Immunizations Review**

**(45) Vaccines Received (CB)**

|  |
| --- |
| Vaccines Received |
| Influenza |
| PPSV23 |
| PCV13 |
| HepA |
| HepB |
| Zoster Recombinant |
| Zoster Live |
| Varicella |
| Tdap |
| Td |
| MMR |
| Other |

**(46) Vaccine Recommendations**

|  |
| --- |
| Recommendations |
| Needs Flu vaccine |
| Needs Pneumonia vaccine |
| Needs Shingles vaccine |
| Needs Tetanus vaccine |
| Needs Hepatitis B vaccine |
| Needs to update records with PCP |