SAMPLE Visit Summary

***Collect* Patients Name: DOB:**

## Chief Complaint

**Subjective Data**

* **On Back**
* Allergies
* Past Medical History
* Social History

## Objective Data

* + **On Back**

## History of Present Illness

* + - **On Back**

**Medications**

Adherence

* + - * Past 90 day use

Safety

* + - * Relevant Medications

# Assess and Evaluate

**Per Drug Therapy Management Protocol**

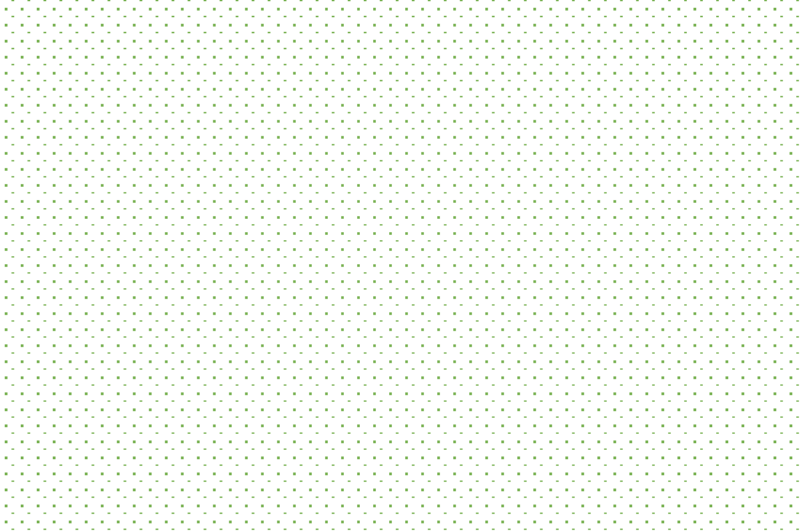
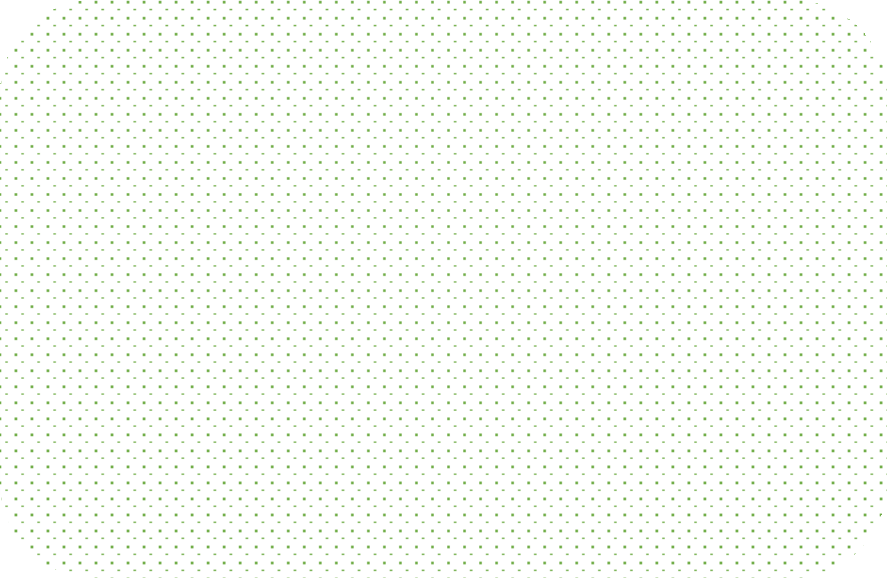
* + **Attached**
* Inclusion Criteria Met
* Exclusion Criteria Met
* Referral Criteria Met Resource(s) Used

**Post-diagnostic?** ☐No ☐Yes

**Diagnosis:**

* Therapy Initiation
* Extension of Therapy
* Device
* Other

*(e.g. Protocol, Guideline(s), Other Evidence Based Source, etc. (Note: this information shall be referenced in the established Drug Therapy*



For

Address Rx #

Date

Refills

RPh Signature

NPI/DEA #

Address

*Management Protocol)*

# Treatment Care Plan

* + Treatment Goals
  + Monitoring Parameters

**OR**

* + Referral Reason

# Follow-up:

* Office/Pharmacy Visit **OR** ☐ Phone Call With: Date:
* Provider Referral:
* Notification Sent

**Prescribing RPh Printed Name RPh Signature Date**

**Subjective Data**

**Objective Data**

**History of Present Illness**

**Assessment**

**Care Plan**

*Sample Template: Please feel free to customize this document, however you must retain all elements included. Oregon Board of Pharmacy v. 2018*