

Medication Peer Review

3/18/2011

Client Chart #: _____ Prescribing Provider: _____

Date of Review: _____ Person Completing Review: _____

____ Yes ____ No Prescribed medications are appropriate given the diagnosis

Comments: _____

____ Yes ____ No Necessary tests were prescribed or conducted for medications being prescribed.

Comments: _____

____ Yes ____ No The dosage of medications is appropriate given the documented clinical issues.

Comments: _____

____ Yes ____ No The effectiveness of the medication is appropriately documented—including evidence of symptom reduction.

Comments: _____

____ Yes ____ No Client satisfaction regarding the medications that the client is receiving is appropriately documented.

Comments: _____

____ Yes ____ No Client follow-up care is provided at appropriate intervals.

Comments: _____