

Medication Peer Review

5/8/2008

Client Chart #: _____ Prescribing Provider: _____

Date of Review: _____ Person Completing Review: _____

_____ Yes _____ No Prescribed medications are appropriate given the diagnosis

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: _____