



Organization Name:	Program Name:	Date:
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Individual's Name (First MI Last):	Record #:	DOB:
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ALERTS- Medication Allergy/Adverse Events:

List all medications individual in care is taking including medications prescribed by this provider, medications prescribed by outside prescribers as well as herbal remedies, vitamins, nutraceuticals, or over-the-counter drugs.

Date	Medication	Dosage / Route / Frequency	Supply: Amount / Refills	Status	Purpose	Rationale for Change	Name of Prescriber	Source of Knowledge
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report
				<input type="checkbox"/> New/Adj. <input type="checkbox"/> Continue <input type="checkbox"/> Discont.				<input type="checkbox"/> Prescriber <input type="checkbox"/> Outside Prescriber <input type="checkbox"/> Pharmacy <input type="checkbox"/> Individual Self-Report