SAMPLE Visit Summary

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

Chief Complaint	Subjective Data ☐ On Back	Objective Data ☐On Back	History of Present Illness ☐On Back
	☐Allergies ☐Past Medical History ☐Social History		
	Medications	**Post-diagnostic?** ☐No ☐Yes	
	Adherence ☐Past 90 day use Safety ☐Relevant Medications	**Diagnosis:** _____ ☐ Therapy Initiation ☐ Extension of Therapy ☐ Device ☐Other	

Assess and Evaluate

Per Drug Therapy Management Protocol ☐ **Attached**	
☐ Inclusion Criteria Met ☐ Exclusion Criteria Met ☐ Referral Criteria Met	

Resource(s) Used

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

Treatment Care Plan

☐Treatment Goals
☐Monitoring Parameters

OR

☐Referral Reason

For _____
Address _____ Date _____
Rx # _____

Refills _____

_____ _____
RPh Signature NPI/DEA #

_____ _____
Address

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