



# Pharmacist Medication Therapy Management Services Physician Referral Form

## Referral Process for Pharmacist Services:

- Physician: complete this form and attach any relevant information (if necessary)
- Provide this form to patient to present to participating WPQC pharmacy, to participating pharmacy, or call a verbal order into the participating pharmacy
- Pharmacist: maintain this form or verbal order on file for record-keeping purposes

## Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Service Requested

- Comprehensive Medication Review** (device instruction & adherence assessment included)  
Review of full medication regimen to include education and training designed to enhance patient understanding of all medications. Includes formulation of an updated medication list and medication action plan. Health literacy addressed as necessary.
- Medication Device Consultation**  
Inhaler, nebulizer, glucometer, injectable, home blood pressure monitors, peak flow meters
- Focused Adherence Intervention**
- Dose Optimization**  
Age, organ function, cost effectiveness, dosage forms
- Other, please specify:** (labs, targeted issues, medication history, etc.)

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Number of Pages \_\_\_\_\_

Additional information attached