Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Identifier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Check List**

Pre-prescription counseling:

* Patient understands his/her condition
* Patient understands treatment options
* Patient is aware of benefit/risk of medication
* Patient is partnered in treatment of decision
* Patient agrees to and able to follow treatment plan\*

Prescription counseling:

* Patient knows name/indication
* Patient knows dose/frequency
* Patient knows duration to take medication
* Patient knows side effects/what to do if they occur
* Patient has been asked adherence-focused questions

\*Prescribing with a positive emotion includes an emphasis on the benefits over the risks of the medication