

Medication Management Checklist

Client Name: _____

Date: _____

INITIAL ASSESSMENT

- Review Current Medications ☐
- Assess Medication Adherence ☐
- Identify Potential Side Effects ☐

PRESCRIPTION MANAGEMENT

- Prescribe Medication ☐
- Provide Medication Instructions ☐
- Discuss Potential Side Effects ☐

MONITORING

- Regular Follow-Up Appointments ☐
- Assess Medication Efficacy ☐
- Monitor for Side Effects ☐

CLIENT EDUCATION

- Educate Client on Medication ☐
- Discuss Importance of Adherence ☐
- Provide Resources for Additional Information ☐

Client Signature: _____

Clinician Signature: _____