

MEDICATION THERAPY MANAGEMENT CLINIC
Transitional Care Medication Assessment Program (TCMAP) /
General Medication Review
Enrollment Form

Phone: (626) 397-5559 Fax: (626) 397-2934

- Comprehensive education and medication optimization for patients recently discharged from the hospital or requesting general medication review.
- A face-to-face visit with a pharmacist and one-time follow-up telephone call.

Patient Name: _____ **DOB:** _____

Contact # to call: _____ Other Ph: _____

Request by Patient/Family/Caregiver

Relationship: Self Other (Name): _____

Ph # (if different than above): _____ Date: _____

Primary Care Physician: _____ Ph #: _____

***Please provide complete medication list (prescription, non-prescription, and supplements)*

(Do not complete below)

Request by Health Care Provider

(circle one): Physician / Unit RN / NP / PA / Health Navigator / Other _____

Print Name: _____

Signature: _____ Date: _____

Most Recent Hospitalization Discharge Date: _____

Reason for TCMAP Medication Review (check all that apply):

1. Patient has one of the following primary diagnoses during this hospitalization:
 CHF COPD AMI Stroke Diabetes
2. Patient has ≥ 2 chronic disease states requiring medication therapy.
3. Patient is taking ≥ 5 chronic prescription medications.
4. Patient has history with noncompliance with medications / limited health literacy and needs intensive medication education.
5. Patient is interested in medication review and education.

*****For ongoing medication management of heart failure, physician should complete the MTM Clinic referral form for the heart failure therapy management service. *****

FAX FORM TO 626-397-2934