



Note: This is a sample of documents that may be sent to you after a Completed Medication Review (CMR) which helps you better understand your medication needs.

Dear *Member*,

Thank you for talking with me about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call Prominence Health at 855-969-5882 (TTY Service: 711) from 7:30 AM to 5:00 PM PST.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

*Prominence Health MTM provider
Pharmacist, Prominence Health*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850

Recommended To-Do List

Prepared on: < Insert CMR date >

You can get the best results from your medications by completing the items on this **“To-Do List.”**



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

| | |
|------------------------------|--|
| What we talked about: | What I should do: <input type="checkbox"/> <input type="checkbox"/> |
|------------------------------|--|

| | |
|------------------------------|--|
| What we talked about: | What I should do: <input type="checkbox"/> <input type="checkbox"/> |
|------------------------------|--|

| | |
|------------------------------|--|
| What we talked about: | What I should do: <input type="checkbox"/> <input type="checkbox"/> |
|------------------------------|--|

| | |
|------------------------------|--|
| What we talked about: | What I should do: <input type="checkbox"/> <input type="checkbox"/> |
|------------------------------|--|

How to Safely Dispose of Unused Prescription Medications

Prepared on:

Medication List

Prepared on:



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.




Note any changes to how you take your medications. Cross out medications when you no longer use them.


| Medication | How I take it | Why I use it | Prescriber |
|--|---|---|------------------------|
| Insert generic name and brand name, strength, and dosage form for current/active medications | Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate | Insert indication or intended medical use | Insert prescriber name |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

| Medication | How I take it | Why I use it | Prescriber |
|------------|---------------|--------------|------------|
| | | | |
| | | | |
| | | | |

 **Allergies:**

 **Side effects I have had:**



Other information:



My notes and questions: