

Interim Medication Regimen Review Request

Fax with MARS or POS

Check appropriate box below:

- Change of Condition review needed (indicate condition below; If urgent, note below)*
- Short Stay (<30 days) Resident review needed (i.e. prior to next routine consultant visit)*

To: Senior Care Consultant Group, LLC for _____ Pharmacy

Fax to: 317-663-0879

Facility's Name: _____ Nursing Unit: _____

Resident's Name: _____

Nurse's Name (Printed): _____ Nurse's Signature: _____

Nurse's Phone/Fax: _____

Date: _____ Pages (incl. cover page): _____

Resident's DOB: _____ Physician Name: _____

Allergies: _____

Place "X" in appropriate box

- This resident's drugs will be crushed: Yes No
This resident has a history of falling: Yes No Unknown

Resident/Patient is experiencing the following condition(s):

- Anorexia and/or unplanned weight loss or weight gain.
Specify the weight gain or weight loss = _____ lbs loss or weight gain (circle one) over _____ time period
- Behavioral changes, unusual behavior patterns (increased distressed behavior)
Describe behavior: _____
- Bowel function changes including constipation, ileus, impaction
- Confusion, cognitive decline, worsening of dementia (including delirium) of recent onset
- Dehydration, fluid/electrolyte imbalance – include BUN, SCr, electrolytes and date
- Depression, mood disturbance Dysphagia, swallowing difficulty Gastrointestinal Bleeding
- Excessive sedation, insomnia or sleep disturbance New Rash or pruritus
- Falls, dizziness, or evidence of impaired coordination - Specify New or recurrent
- Headaches, muscle pain, generalized aching or pain New Seizure activity
- Spontaneous or unexplained bleeding, bruising- include INR, Hct, Hgb if available and date
- Unexplained decline in functional status (ADLs, vision). Describe: _____
- New or worsened urinary retention or incontinence Other specify: _____

****Attach most recent physician approved Physician Order Sheet and Current MAR, hospital transfer orders (form 3008, if appropriate), Diagnosis list, Labs if appropriate**

Fax any relevant information to assess change in condition. **Note:** A consultant pharmacist will respond to the Change of Condition and Short stay within 72 hours or 3 business days unless urgency indicated below:

- Urgent review needed:** Please provide a brief explanation of the nature of urgency. (i.e.: fall, allergic reaction, etc)

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