

**INDICATION**

(Description and history of the present illness or medical condition including previous approaches to treatment and responses)

**GOALS OF THERAPY** (improvement or normalization of signs/symptoms/laboratory tests or reduction of risk)

1.

2.

**DRUG THERAPY PROBLEMS** to be resolved None at this time

Therapeutic Alternatives (to resolve the drug therapy problem)

1.

2.

**PHARMACOTHERAPY PLAN** (Includes current drug therapies and changes)

MEDICATIONS (DRUG PRODUCTS)	DOSAGE INSTRUCTIONS (DOSE, ROUTE, FREQUENCY, DURATION)	NOTES CHANGES

Other interventions to optimize drug therapy

**SCHEDULE FOR NEXT FOLLOW-UP EVALUATION:**