Pharmacotherapy Workup© **NOTES** **EVALUATION**

Medical Condition:_____

	Outcome Parameter	Pretreatment / Baseline	First Evaluation	Second Evaluation
		Date: / /	/ /	/ /
EFFECTIVENESS	Sign/symptom			
	Sign/symptom			
	Laboratory value			
	Laboratory value			
SAFETY	Sign/symptoms			
	Signs/symptoms			
	Laboratory value			
	Laboratory value			
	Other			
OUTCOME STATUS	**Initial:** goals being established, initiate new therapy **Resolved:** goals achieved, therapy completed **Stable:** goals achieved, continue same therapy **Improved:** adequate progress being made, continue same therapy **Partial Improvement:** progress being made, adjustments in therapy required **Unimproved:** no progress yet, continue same therapy **Worsened:** decline in health, adjust therapy **Failure:** goals not achieved, discontinue current therapy and replace with different therapy			
	New Drug Therapy Problems Identified		○ none at this time ○ documented	○ none at this time ○ documented

Date	Schedule for next follow-up	Comments

Signature_____Date _____

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Pharmaceutical Care Practice: The Clinician's Guide, McGraw Hill, 2004