

County of San Diego DMC-ODS
Medication Monitoring Tool

Confidential Information – Quality Improvement material for risk management purpose only

IDENTIFYING INFORMATION

Patient Name: _____ UCN#: _____
Review Date: _____ Period of Review: _____ To: _____
Type of Chart: OTP
Name of Patient's Physician: _____

REVIEW QUESTIONS

As indicated by this documentation:	Yes	No	N/A
1. Has the physician made substance use a diagnosis on the treatment plan? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the physician documented symptoms that support the included SUD diagnosis on all intake/follow-up? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the treatment provided by the SUD certified physician within the clinical guidelines for MAT services? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the dosage levels within the general standards of practice? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does documentation indicate compliance (or lack of) with medication regimen? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the presence or absence of medication side-effects documented? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the physician document safety and effectiveness of medications? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the physician identify clinical issues affecting client? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are reasons for changes in medication or dosages documented? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were Laboratory panels ordered and reviewed? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does documentation indicate response to medications? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are medication consent forms complete, appropriate, and up to date? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the physician document physical health issues? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

Reviewing Physician printed name and credential: _____ Date: _____

Reviewing Physician signature and credential: _____ Date: _____