MEDICATION MANAGEMENT NOTE

(For use by MD/DO and NP and students of these disciplines)

Date: Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):							
Procedure Code:							
Chief Complaint /Client Goals:							
Brief History of Present Illness/Problem:							
Treatment Response/Medication Side Effects:							
Adherence to Medication:							
Mental Status:							
Diagnosis: Diagnosis remains the same Diagnosis changed Assessment/Intervention/Plan/Clinical Decision Making (Include explanation of changes in Plan and/or Medication):							
Laboratory Tests Ordered:							
□ Tox Screen □ Med Levels □ TFTs □ Other/Details:							
Medication(s) Prescribed: Medication Consent must be completed by the MD/DO/NP annually and any time a new medication is prescribed or							
resumed following a documented withdrawal of the medic	ation.			Route of			
Name	Dosage	Free	quency	Administration	Amount	# of Refills	
 Provided by the use of Telemental Health services. Client signed the Consent for Telemental Health Services and concerns were discussed. Continued (Sign & complete information on Medication Note Addendum) 							
Signature & Discipline	Date			Co-signature & Discipline Date		Date	
This confidential information is provided to you in accord with State and Federal laws				Provider #:			
Civil Code and HIPAA Privacy Standards. Duplication of this information for further							
representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.				Los Angeles County Department of Public Health Division of HIV and STD Programs			

*Adapted from Los Angeles County Department of Mental Health from MH 655