De-Prescribing Medication History Tool

Patient Name Age	Psychosocial Therapy
	Date(s)
	Provider(s)
Assessment	
Provider Date	Patient/Family response Barriers

Medication Therapy Use class-specific guides to assist				
Drug 1

Class:

Prescriber:

Date started: | **Dose**
Strength, Route, Frequency
Assessment (high, low, WNL) | **Indication**
Target symptoms:

Level of evidence: | **Adverse effects**

Relevant lab monitoring: | Patient/family thoughts:

Compliance: |
| | **Benefits** | | **Risks** | Consider for DC?

Yes

No |
| **Drug 2**

Class:

Prescriber:

Date started: | **Dose**
Strength, Route, Frequency
Assessment (high, low, WNL) | **Indication**
Target symptoms:

Level of Evidence | **Adverse effects**

Relevant lab monitoring: | Patient/family thoughts:

Compliance: |
| | **Benefits** | | **Risks** | Consider for DC?

Yes

No |

Medication Therapy   Use class-specific guides to assist

Drug 3 Class: Prescriber: Date started:	**Dose** Strength, Route, Frequency Assessment (high, low, WNL)	**Indication** Target symptoms: Level of evidence:	**Adverse effects** Relevant lab monitoring:	Patient/family thoughts: Compliance:

	Benefits		**Risks**	Consider for DC?
				    Yes
				
				    No

Medication Therapy   Use class-specific guides to assist

Drug 4 Class: Prescriber: Date started:	**Dose** Strength, Route, Frequency Assessment (high, low, WNL)	**Indication** Target symptoms: Level of evidence:	**Adverse effects** Relevant lab monitoring:	Patient/family thoughts: Compliance:

	Benefits		**Risks**	Consider for DC?
				    Yes
				
				    No

Potential Drug: Drug interactions:	