

Memorial Hermann Medication Therapy and Wellness Clinic – Patient Enrollment Order

Patient Name: _____ MRN: _____

DOB: ___/___/___ Age: _____ Wt: _____ Patient Contact# _____

PHARMACOTHERAPY CONSULTATION: Med review/education Non-adherence Other: _____

DRUG THERAPY MANAGEMENT

ANTICOAGULATION – Vitamin K antagonist (Warfarin)

INR Goal: 2.0 – 3.0 2.5 – 3.5 Other: _____ (Greater than or equal to 0.5 units)

Duration: 3 months 6 months Long-term or until otherwise indicated

Indication(s): _____

(NOTE: Clinical Pharmacist will bridge when necessary per protocol unless otherwise indicated)

ANTICOAGULATION – Non-Vitamin K antagonist

Agent(s): Injectable monotherapy: _____

Duration: 3 months 6 months Long-term or until otherwise indicated

Direct Oral Anticoagulant: _____

Duration: 3 months 6 months Long-term or until otherwise indicated

Indication(s): _____

DIABETES

HbA1c Goal: Less than 6.5% Less than 7% Other: _____ NOTE: Excludes insulin pumps

DYSLIPIDEMIA

Drug Therapy Management Other: _____

HYPERTENSION

BP Goal: Less than 130/80 Less than 140/90 Less than 150/90 - elderly without renal disease or DM

Other: _____

HEART FAILURE

Lifestyle/Medication Education Only Drug Therapy Management

COPD

Counseling + Inhaler technique Only Drug Therapy Management

TOBACCO CESSATION

Counseling + OTC and prescription medications

COLLABORATIVE PRACTICE AGREEMENT EXCEPTIONS:

Temporary referral (3 weeks only) Contact MD for all anticoag bridging Other: _____

Pertinent PMH: _____

Referring Outpatient Attending MD Signature	Print Name	NPI/MHHS ID.	Date	Time	Contact No.
				<input type="checkbox"/> AM <input type="checkbox"/> PM	

Fax referral. Patients are contacted by clinic for follow-up. Outpatient referrals: Fax clinic note/recent labs. If appointment is required immediately, page after faxing referral. **(Pharmacists are authorized to sign prescriptions for medication initiation, titration, and/or maintenance per collaborative practice agreement (CPA). Disease state, medication, lifestyle, and dietary education provided. Limited physical exam and point-of-care testing per CPA)**

<input type="checkbox"/> Southeast	Fax: (713) 704-0585	Phone: (281) 929-4227	
<input type="checkbox"/> Southwest	Fax: (713) 704-3855	Phone: (713) 456-4166	
<input type="checkbox"/> TIRR	Fax: (713) 797-5788	Phone: (713) 797-5251	
<input type="checkbox"/> TMC	Fax: (713) 704-0993	Phone: (713) 704-2626	Page (713) 605-8989 x 20982
<input type="checkbox"/> TMC – CAHF	Fax: (713) 704-0114	Phone: (713) 704-5042	

MEMORIAL HERMANN
Medication Therapy & Wellness
Clinic–Patient Enrollment Order

