DRUG THERAPY MANAGEMENT. Please select which of the following services the patient is to be enrolled in:

☐ **ANTICOAGULATION – Vitamin K antagonist (Warfarin)**

INR Goal: ❒ 2.0 – 3.0 ❒ 2.5 – 3.5 ❒ Other: _____ **(≥ 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: ❒ < 6.5% ❒ < 7% ❒ Other: _____ NOTE: Excludes insulin pumps

☐ **DYSLIPIDEMIA**

❒ Drug Therapy Management ❒ Other: _____

☐ **HYPERTENSION**

BP Goal: ❒< 130/80 ❒< 140/90 ❒ < 150/90-elderly w/o renal disease or DM ❒ Other: _____

☐ **HEART FAILURE**

❒ Drug Therapy Management of ACE-I, ARBs, BB, Diuretics

☐ **COPD**

❒ Counseling + Inhaler technique only ❒ Drug Therapy Management

☐ **TOBACCO CESSATION**

❒ Counseling + OTC and prescription medications

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

COLLABORATIVE PRACTICE AGREEMENT EXCEPTIONS:

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

Pertinent PMH: _____

_____ _____ _____ _____

Referring outpatient attending MD Signature **Full name printed** **MSO#** **Date**

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)**

☐Southeast	Fax: (713) 704-0585	Phone: (281) 929-4227	
☐TMC	Fax: (713) 704-0993	Phone: (713) 704-2626	Page (713) 605-8989 x 20982
☐TMC – CAHF	Fax: (713) 704-0114	Phone: (713) 704-5042	

Memorial Hermann
Medication Therapy & Wellness Clinic
PATIENT ENROLLMENT ORDER

Patient Name: _____

MRN: _____

DOB: ___/___/___ Age: _____ Wt:____

Patient Contact# _____