Huntington Hospital

MEDICATION THERAPY MANAGEMENT CLINIC
Transitional Care Medication Assessment Program (TCMAP)
Enrollment Form

Phone: (626) 397-5559 Fax: (626) 397-2934

Purpose of service:

- Comprehensive education provided to patients at high risk for hospital readmission through medication reconciliation and assessment after discharge.
- Screen all medications including prescription, non-prescription and herbal medicines for potential interactions and help resolve any medication discrepancies and/or drug-related problems.
- Optimize medication adherence and ensure patient has follow-up appointment with primary care physician.

Patient Name: _____ **DOB:** _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Past Medical History: _____

_____

Most Recent Hospitalization:

Admission Date: _____ Discharge Date: _____

Reason for admission: _____

Indication for TCMAP Enrollment:

1. Patient has one of the following primary diagnoses during this hospitalization:

   ☐ CHF ☐ COPD ☐ AMI ☐ Stroke ☐ Pneumonia

2. ☐ Patient has ≥ 2 chronic disease states requiring medication therapy.
3. ☐ Patient is taking ≥ 5 chronic prescription medications.
4. ☐ Patient has history with noncompliance with medications or limited health literacy and needs intensive medication education.
5. ☐ Patient is interested in medication review and education.

Completed by:

1. (circle one): Physician / Unit RN / NP / PA / Inpatient Pharmacist / Health Navigator

   Print Name: _____

   Signature: _____ Date: _____

OR 2. Patient Signature (Self-Enroll) _____ Date: _____

Primary Care Physician Information (if not the person completing this form):

Name: _____ Ph: _____

FAX FORM TO 626-397-2934

Patient will be scheduled for clinic visit within 1 week of discharge after receipt of this form.