



Medication Therapy Management Program Referral Form

Fax this completed form to (541) 677-5881
Or email UHParmacyServices@UmpquaHealth.com

*** Required Field**

*Referred by (name): _____ Date of Referral: ____/____/____

*Relationship to member: Self (member) Provider Other: _____

MEMBER INFORMATION

*Member Name:	*Member Date of Birth:
*Member ID #:	*Member Phone Number:

PROVIDER INFORMATION

*Provider Name:	MD <input type="checkbox"/> DO <input type="checkbox"/> FNP <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/>	*NPI #:
*Office Contact Person:	*Office Fax:	*Office Phone:
*Address:		

REASONS FOR REFERRAL (Check all that apply)

- Medication synchronization:** Coordinating medication refills to reduce trips to the pharmacy to pick up medications.
- Medication reconciliation:** Identify and verify the list of current medications being taken is accurate and understood to avoid confusion about which drugs are the correct ones to be taken.
- Dose orchestration:** Aligning doses and timing of doses for compatibility and optimum therapy to focus on taking medicines at the right time of day and as few times as possible.
- Medication education:** Explaining names and purposes for medications that are being taken, and what side effects or precautions to watch for to ensure understanding of drugs and their effects.
- Economic/formulary review of medications:** Evaluating current medications to identify appropriate but less expensive or preferred alternative treatments for relevant condition(s) and recommending changes to the physician/prescriber.
- Therapeutic review of medications:** Evaluating current medications to identify alternative treatments with therapeutic advantages for relevant condition(s) and recommending changes to the physician/prescriber.
- Adherence assistance:** Evaluating challenges and factors that affect members taking their medications as prescribed and working with members to develop strategies for improvement.
- Other:** _____

BRIEF DESCRIPTION OF CONCERNS

REFERENCED MATERIALS (attach additional chart notes)

Questions? Call UHA Clinical Pharmacy Services at (541) 672-1685 or email us at UHParmacyServices@UmpquaHealth.com.