

Patient Name: _____

Date: _____

Self-Management Education – Chronic Disease Medication Adherence

Assess medication adherence by asking:

*“Many People forget to take their pills from time to time.
Have you missed any pills In the last week?”*

Yes

No

Advise *“Missing as little as one dose a week can stop your medicine from working to keep you healthy”*

Assist To identify barriers by asking:

“Why do you think you don’t take all your medicine?”

Cost Side effects Don’t think it’s needed

Just forget Hate taking drugs

Other _____

“Do you feel there is anything that will help you take your medicine?”

Generic drugs Assistance programs Medication diary

Pill dispenser Written instructions

Other _____

Agree on a goal

*Patient Goal: Take all doses every day
 Get pill dispenser
 Read educational material
 Other _____

Arrange: to contact the patient between visits.

Patient phone: _____

Follow up date: _____

Educator Signature: _____

***Follow-up Contact:** Completed on - Date: _____

1. Results of Behavior changes: Took all doses every day the last week

Missed doses in the last week

2. Barriers encountered

3. Options to address barriers

4. Follow up plan - When : _____ How: Phone Office _____

Follow-up Signature: _____

*Required to bill Wellmark (Individual visit - S9445)

