Measure #130: Documentation of Current Medication in the Medical Record

Patient Name: _____ Physical Therapist: _____

DESCRIPTION: List of medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) including drug name, dosage, frequency and route

Reported at EVERY 97001 and 97002

Drug name (brand/generic name)	Dosage	Freq	How Administered	Prescribed By	Date Added	Date Terminated

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