

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Medication Profile

Purpose: To document the ADW member's current prescribed medications or those that have been added or discontinued.

- This document may be utilized by more than one RN or RC (if there has been a change in the RN/RC at the provider agency).
- Include the member's current PCP and allergies on this form.
- The RN/RC will enter the date that the medication review was conducted.
- Enter the medication name, dosage and frequency of the dosage.
- RN/RC will initial and date beside each medication.
- For changes, enter New Change or D/C (discontinued) in the appropriate box.
- Enter the name of the physician prescribing and the reason the medication was prescribed for the ADW member.
- Either the RN or the Resource Consultant may complete this form.
- Anyone entering a medication on the Medication Profile must sign and date the form.