“Medication Administration Record” (MAR) and other chart forms which document medication administration will be reviewed for the last 30 days prior to an inmate’s chronic clinic visit by a QHCP, QMHP or designee for adherence to the prescribed treatment plan. The healthcare provider will be notified when the inmate medication adherence is less than 70%.

Date: _______________  Timeframe of Review: _______________ to _______________

Medical Provider/Psychiatrist: ____________________________________________________

Identification of continuous non-adherence with medication regimen over one month period, as defined below:

**Pill Line Compliance:**
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%

**KOP Compliance:**
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%
- Medication (name) _______________ Compliance ________%

Inmate Name  
(Last, First)  

ODOC #  

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(R 03/22)