OKLAHOMA DEPARTMENT OF CORRECTIONS
NOTIFICATION OF MEDICATION ADHERENCE

"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 _____%

Medication (name) _____Compliance _____%

Inmate Name (Last, First) ODOC #