Medication Renewal for Non-Chronic Clinic Medication

Any inmate not seen for greater than 6 months he/she will need to be scheduled with the provider prior to any refills. Medications that are requested but not listed in the medication list should be scheduled a visit with the healthcare provider first.

Allergies: _______________________________________________________________________________________

Original indication for medication? __________________________________________________________________

Current Problems: _________________________________________________________________________________

Current medications: _______________________________________________________________________________

1. What is the reason for the request of additional medication? _____________________________________________

2. Has the inmate experienced any new or worsening symptoms? □ Yes □ No If “Yes” State: __________________________

3. Does the inmate feel the medication(s) is working as prescribed? □ Yes □ No

4. Does the inmate experience any side effects from taking the medication? □ Yes □ No If “Yes” state: __________

5. Has the inmate missed taking any of his/her medication? (check eMAR) □ Yes □ No How many times per month has the inmate missed taking the medication? □ 1 – 5 times □ 6 – 10 □ greater than 10

6. What is the inmate’s reason for the missed doses? ____________________________________________________

7. If the medication is KOP and had refills, is there documentation that the inmate requested and received a refill on
his/her medication every month? □ Yes □ No If “No” state the number of months the inmate did not request or receive a refill of their medication: __________________________

8. What is the inmate’s reason for the not refilling the medication? (check eMAR) __________________________

9. Is the medication available for purchase in the canteen? □ Yes □ No Is inmate indigent? □ Yes □ No

10. Date of last provider visit: _____________________________

11. Has the inmate “No Showed” for any scheduled appointments since last provider visit? □ Yes □ No If “Yes”
number of appointments “No Showed”: _____________________________

11. Is the inmate adherent to his/her treatment plan? □ Yes □ No

Progress Note: ___________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Assign the Nurse Protocol to provider for review and determination on renewing the medication.

Healthcare Provider Signature/Credentials: ___________________________ Date: _________ Time: _______

RN/LPN Signature/Credentials: ___________________________ Date: _________ Time: _______

Inmate Name                   DOC #
(Last, First)