

Examine Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case #	Primary Medical Condition:		
<b>Goals of Therapy</b>	1.		
	2.		
	3.		
	4.		
	5.		
<b>Treatment Options</b>	Rx medication	Advantages	Disadvantages
	1.	1. 2.	1. 2.
	2.	1. 2.	1. 2.
	3.	1. 2.	1. 2.
	4.	1. 2.	1. 2.
	5.	1. 2.	1. 2.

Prescription Choice/Treatment Plan:  
(Drug, dose, frequency)

Justification:

Special instructions for patient?

Drugs to stop?

Drug interactions to consider?

<b>Monitoring Parameters for Efficacy and Safety</b>	What to Monitor	When/How often	Who
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		

Anything else to do?

- 1.
- 2.
- 3.
- 4.
- 5.

*OTHER:*

*PICO question (optional – only if asked in case)*

*CVD Risk Calculation (only if asked)*

Population:	
Intervention:	
Comparator:	
Outcome:	