**Dear: Date:**

I had the pleasure of seeing your patient [patient name] [PHN] at \_\_\_\_\_\_on [date] for a [phone/video/in-person] appointment. The current medication list has been reconciled with patient and PharmaNet and has been attached. ​

**Chief Complaint:**

**Referral Source:**

**Recommendations for your consideration:**

|  |  |
| --- | --- |
| **Recommendation(s)** | **Rationale** |
|  |  |
|  |  |

 **Supporting Information Obtained:**​

​

ALLERGIES/INTOLERANCES: ​

​

MEDICATION MANAGEMENT: ​

Adherence/compliance aids:​

Who helps the patient with medications?:​

Medication coverage:​

Patient preferences/beliefs:​

​

SocHx: ​

​

MEDICATIONS:

​

PMHx: ​

RELEVANT FmHx:​

​

IMMUNIZATIONS:​

​

RELEVANT LABS/MEASUREMENTS: ​

​

SUBJECTIVE HISTORY: ​

​

​

GOALS OF THERAPY:

ASSESSMENT *(if additional information required; not already described in rational)*

**Patient recommendations/education provided:​**

**Follow-Up**

The patient has been advised to review the recommendations with you. I have offered to follow-up with the patient on [date] to [reason for follow]. I would appreciate copies of any relevant consult notes that might be helpful in the care of this patient. Please feel free to contact me by phone, fax or email if you have any questions. ​

**​**

**Sincerely, ​**

**[Name]​**