_____ screened in with the following potential medication problem:

☐ Cardiac:
- ☐ Uncontrolled hypertension
- ☐ Hypotension
- ☐ Low pulse

☐ Psychotropics:
- ☐ Diphenhydramine, etc.
- ☐ Benzodiazapine + falls or confusion
- ☐ Antidepressants + falls or confusion
- ☐ Antipsychotics + falls or confusion

☐ NSAID

☐ Therapeutic Duplication

Can you please follow–up on the following issues:

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Once you complete this form please place it in the appropriate follow-up box.