



MEDICATION REVIEW (DDPAS-3)

INSTRUCTIONS FOR COMPLETING DDPAS-3

PAS AGENCY: Enter the name of the PAS agency.

PERSON'S NAME: Enter the name of the individual as it appears on the DHS/Human Capital Development card or application.

SOCIAL SECURITY #: Enter the individual's Social Security number.

SPECIFIC MEDICATION ISSUES INCLUDING ALLERGIES (#1): Use this space to note and highlight allergies and other medication information specific to the individual.

MEDICATION REVIEW (FOR PAST 90 DAYS) #2: Use this section to record information on medications prescribed and discontinued for the individual during the past 90 days.

START DATES: Indicate the date of inception for the medication.

STOP DATES: if applicable, provide the date of discontinuation for the medication.

NAME OF MEDICATION: Indicate the name of the medication.

DOSAGE: Indicate the amount of medication and frequency. (Example: 1 mg 3 times a day.)

PURPOSE: Indicate the reason or condition for which the medication was prescribed.

EFFECT: Indicate the effect of the medication.

SOURCE OF INFORMATION: Indicate the source from which the preceding information was taken.

"THIS INDIVIDUAL DOES NOT RECEIVE MEDICATION." Check here if the individual is not receiving any medication prescribed by a doctor.

"ADDITIONAL INFORMATION IS ATTACHED." Check here if there is corroborating information or additional pages accompanying the DDPAS-3. If there are unusual circumstances resulting in a lack of information, these circumstances and the PAS Agency's efforts to ameliorate them should be carefully explained on an attached page.

SIGNATURE: The PAS Agency QIDP must complete the form by signing his/her name and the date.