PATIENT NAME ____________________________ DATE ______________

BORGER PHYSICAL THERAPY

Medication Management PQRS #130
Documentation of Current Medications in the Medical Record

THIS MEASURE IS TO BE REPORTED AT EACH INITIAL VIST OCCURING DURING THE REPORTING PERIOD FOR ALL PATIENTS AGED 18 YEARS AND OLDER

This list Must include All prescriptions, over-the -counter, herbals, and vitamin/mineral/ dietrary (nutritional) supplements AND MUST contain the following:

Name	Dosage	Frequency	Oral/Injection	Notes