Medication Synchronization Monthly Check-in
Follow Up Guide

Patient Name:_____ DOB: _____ Today's Date: _____

At each medication pick up or med sync call, assess:

1. In the past 14 days, how many days have you missed at least one dose of any medication?

2. Are you having any issues with your medications?

3. What target goal home reading did your doctor tell you?

4. How often do you monitor your readings? Do you write your measurements down?

5. Have you made any recent lifestyle or dietary changes that could affect your readings.

6. Are you up to date on your vaccinations? *(Prepare by reviewing age appropriate vaccines)*