

Medication Adherence Checklist

Patient Name:

Date:

Medication List

Medication Name	Dosage	Frequency	Prescribed By
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Adherence Review

- ☐ All medications taken as prescribed
- ☐ Missed doses (details below)
- ☐ Doses changed/stopped

Notes / Reasons for missed or changed doses:

Challenges Identified

Barrier	Yes	No	Comments
Forgot dose(s)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Side effects	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Cost/Access	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments / Recommendations:

Reviewed by:

Review Date: