



Medication Adherence Assessment

Client Name: _____

Address: _____

Phone: _____

Points

Score _____

Has the client been hospitalized within the past year due to medication issues?

- Yes - 10 points
- No - 0 points

Does the client have a Medication Planner to assist in Medication Organization?

- Yes - 1 point
- No - 0 points

Quantity of Medications client takes daily:

- 1-3 1 point
- 4-9 2 points
- 10-15 3 points
- 16+ 4 points

Daily Frequency of Doses:

- 1 1 point
- 2 2 points
- 3 3 points
- 4 4 points

Physical and Mental Capacities: (1 point each)

- Vision Problems
- Arthritis in hands makes handling meds difficult
- Disability makes handling meds difficult
- Sometimes forgets to take or can't remember if meds were already taken
- Sometimes get medicine names or dosages confused
- Sometimes can't remember how often to take meds

Does client ever require the assistance of a family member, friend or other caregiver to take his/her medication?

- Yes - 4 points
- No - 0 points



**Medication Management
doesn't have to be
complicated...**

Assessment Scale

- 0-5 Limited Need**
- 6-9 Moderate Need**
- 10-13 High Need**
- 14 + Urgent Need!**

ASSESSMENT:

A monitored medication dispenser **is / is not** (circle one) recommended.

Reviewed by _____ Date _____

Company/Agency _____ Phone _____