

**UCSF Medication Management Services (UCSF MMS)**

**REFERRAL**

Date	Date of Birth	Reason for Referral
Patient Name		Patient Telephone

Protocol: **I DO GRANT PERMISSION:**  **I DO NOT GRANT PERMISSION:**

For UCSF Faculty Clinical Pharmacist to operate per protocol.

Medication Therapy Management Services

Polypharmacy (Patients on > 5 medications)

This protocol covers the following conditions/states/patients:

Patients referred for medication access assistance  
(patient assistance program services)

Diabetes Mellitus

Warfarin (Coumadin)

Herbal use

**Medication Management Services include: Medication Therapy Management; Medication Adherence Assistance;  
Medication Assistance Program Services**

**Medication therapy management services include:** Ordering or performing routine drug therapy-related patient assessment procedures; ordering drug therapy-related laboratory tests; administering drugs and biologicals by injection pursuant to a prescriber's order; Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber through a referral; medication therapy review consultations.

**Under this protocol the Faculty Clinical Pharmacist may use medications to provide medication management services for the above disease states/conditions as supported by evidence-based guidelines, consensus statements, published literature, practice experiences, and practice standards.**

DESIRED TIME FRAME: \_\_\_\_\_

**Additional Relevant Information**

**PATIENT HISTORY**

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Scheduled UCSF MMS Appointment date/time

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HEALTH CARE PROVIDER'S NAME (PRINT)

\_\_\_\_\_  
HEALTH CARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH CARE PROVIDER'S E-MAIL

\_\_\_\_\_  
HEALTH CARE PROVIDER'S PHONE

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UCSF MMS Consultant/Contact NAME (PRINT)

\_\_\_\_\_  
UCSF MMS Consultant/Contact SIGNATURE

\_\_\_\_\_  
DATE COMPLETE