

Documentation of Unexpected Medication Effects

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Prescribing Physician: [Insert Physician Name]

Medication Details

Medication Name: [Insert Medication Name]

Dose: [Insert Dose]

Start Date: [Insert Start Date]

Unexpected Effects Noted

- Effect 1: [Describe Effect]
- Effect 2: [Describe Effect]
- Effect 3: [Describe Effect]

Actions Taken

[Describe any actions taken to address the effects, including communication with patient, changes to medication, etc.]

Recommendations for Review

[Provide recommendations for future prescription consideration based on noted effects.]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]