

Pre-Work CS Management Initiation Visit

CS Management Agreement

- \_\_\_ on file in chart done less than one year ago (Date signed : \_\_\_\_\_)
- \_\_\_ not on file in chart (printed ready for review & signature at visit)
- \_\_\_ due for annual review and new signature (printed/ready for review & signature at visit)

PMP Review

- \_\_\_ Printed & available for review

Urine Drug Screen

- \_\_\_ Due at Initial and Annual (Date of last screen : \_\_\_\_\_)
- \_\_\_ Number of random screening done since CS Agreement date: \_\_\_\_\_

Pill Count

- \_\_\_ Determine need based on Risks score

Review Appt and refill frequency

- \_\_\_ If multiple cancellations Print and save for review (Frequent No Shows and Cancellations)
- \_\_\_ # Request for refills prior to date due in past 6 months

**At time of visit:**

Pill Count Process (If conducted)

\_\_\_\_\_ Date Pill count completed

Employee #1 signature \_\_\_\_\_

Employee #2 signature \_\_\_\_\_