

\*06HM006E-001\*



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Health Status and Monthly Medication Review**

Service recipient	Review month	Year	Case number
DDSD case manager	Provider		Phone

**Medication changes**

List changes in non-prescription and prescription medication made during review.

**Unusual or abnormal physical signs or symptoms**

Any unusual physical sign, symptom, or concern for service recipient noted during review? Yes  No

If yes, check any signs or symptoms exhibited or expressed by service recipient during review.

Appetite changes <input type="checkbox"/> Blood pressure changes <input type="checkbox"/> Body temperature <input type="checkbox"/> Change in bowel or bladder habits <input type="checkbox"/> Confusion/disorientation <input type="checkbox"/> Dizziness/unsteady <input type="checkbox"/> Drowsiness <input type="checkbox"/> Fluid intake <input type="checkbox"/> Headache <input type="checkbox"/> Pain tolerance/verbalized <input type="checkbox"/>	<b>Swallowing/coughing problems</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>• Respiratory problems/shallow breathing – blue or gray lips/nails <input type="checkbox"/></li> <li>• Fatigue while eating <input type="checkbox"/></li> <li>• Food/liquid leaking from mouth/nose during meal <input type="checkbox"/></li> <li>• Difficulty chewing for extended period of time <input type="checkbox"/></li> <li>• Food residue left in mouth after swallowing <input type="checkbox"/></li> <li>• Drool significantly <input type="checkbox"/></li> <li>• Cough, choke, or gag at meals <input type="checkbox"/></li> </ul>	Urinary changes <input type="checkbox"/> Visual disturbances <input type="checkbox"/> Weight changes <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Mood changes <input type="checkbox"/> Pulse changes <input type="checkbox"/> Rash/hives/itching <input type="checkbox"/> Sleep problems <input type="checkbox"/> Slurred speech <input type="checkbox"/> Other: _____
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**Routing:** Original – home record  
Copy – DDSD case manager within

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Signature Date of review

two working days after completion