

### MedsCheck Patient Take-Home Summary

**Patient Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of MedsCheck

\_\_\_\_\_  
Pharmacy / pharmacist contact

**What We Discussed Today**

Empty text area for discussion notes.

**My Medication Goals**

Empty text area for medication goals.

**What I Will Do Next**

Empty text area for next steps.

**Questions / Follow-up**

Empty text area for questions and follow-up.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Pharmacist's Signature