

Therapeutic Drug Monitoring (TDM)

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Gender:

Contact Information:

Medical History

Primary Diagnosis:

Coexisting Conditions:

Current Medications:

Medication Information

Medication Name:

Dosage:

Route of Administration:

Prescribing Physician:

Therapeutic Range:

Dosing Schedule:

Sample Collection

Date/Time of Sample Collection:

[Pre-dose (Trough)]

Peak (Post-dose)

Laboratory Results

Analyte:

Sample Date/Time:

Result (mcg/mL):

TDM Interpretation

- Subtherapeutic Levels
- Therapeutic Levels
- Supratherapeutic Levels

Action Plan**Recommendations for Medication Adjustment:****Follow-up Frequency:****Date for Next TDM:****Additional Notes/Comments:****Healthcare Practitioner Information****Name:****License Number:****Email:****Phone:**