



* Please do not attach any patient identifying information.

*Provider Contact Information:

AR-IMPACT@uams.edu

Or

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Date: _____

CHIEF COMPLAINT/PRIMARY QUESTION FOR THE AR IMPACT TEAM:

Demographic Information:

Age:

Gender:

Medication Allergies:

Current Medications:

History of Present Illness:

Past Medical History:

Social History:

Family History:

Physical Exam/Labs/Other Tests:

Substance Use History:

Past Psychiatric History:

Names and Doses of Medications Tried (including non-opioid medications, antidepressants, etc):

Other Failed Treatments (Outside of Medications):

Does the Prescription Drug Monitoring Program (PDMP) information suggest opioid misuse/overuse or other medication-related problem? Yes No

Or Explain Below

Current Diagnoses starting with the most problematic if more than one:

Patient Treatment Goals:

Current Treatment Plan (Other than Current Medications):

Relevant Imaging:

Other Relevant Information: