

NCMS Medication Safety Controlled Subs Tool version2.0

	A	B	C	D	E	F	G	H	I
	PATIENT NAME/ID or DATE OF SERVICE	Did patient bring prescription or non- prescription medications to visit? (Yes/No)	Did patient receive reminder phone call/message to bring all medications to visit? (Yes/No)	Did physician access patient information on NC Controlled Substances Reporting System before prescribing any controlled substances at today's visit? (Yes/No)	Did NC Controlled Substances Reporting System indicate patient has obtained controlled substances from other prescribers? (Yes/No)	Did physician perform medication reconciliation before prescribing controlled substances at today's visit? (Yes/No)	Did physician contact other prescribers of controlled substances before prescribing controlled substances at today's visit? (Yes/No)	Was the patient asked if he/she takes prescriptions in the manner prescribed? (Yes/No)	Was the patient asked if he/she takes drugs prescribed by another physician/ provider? (Yes/No)
1									
2	A	Y	N	Y	N	Y	Y	Y	Y
3	B	Y	N	Y	N	Y	Y	Y	Y
4	C	Y	N	N	N	N	Y	N	N
5	D	N	Y	N	N	N	Y	N	N
6	E	Y	Y	N	Y	N	Y	N	N
7	F	N	N	Y	Y	Y	Y	N	N
8	G	N	Y	Y	N	Y	N	Y	Y
9	H	Y	Y	Y	N	N	N	Y	Y
10	I	Y	Y	N	Y	Y	N	N	N
11	J	N	N	Y	Y	N	Y	Y	Y
12	K	Y	N	N	N	Y	N	N	N
13	L	N	N	Y	Y	N	Y	N	N
14	M	Y	Y	N	N	N	N	Y	Y
15	N	Y	Y	N	Y	N	Y	Y	Y
16	O	N	N	N	N	Y	N	Y	Y
17	P	Y	Y	Y	N	Y	N	N	N
18	Q	Y	N	N	N	Y	N	N	N
19	R	N	Y	Y	Y	N	Y	Y	Y
20	S	Y	N	Y	Y	Y	N	N	N
21	T	Y	N	N	Y	N	Y	Y	Y
22	U	Y	N	Y	N	Y	N	N	N
23	V	N	Y	N	Y	N	Y	Y	Y
24	W	N	Y	N	N	Y	N	Y	Y
25	Total Yes	14	11	11	10	12	12	12	12
26	Total No	9	12	12	13	11	11	11	11
27	Percentage Yes	61%	48%	48%	43%	52%	52%	52%	52%
28	Percentage No	39%	52%	52%	57%	48%	48%	48%	48%