Additional file 2. Format Pharmacotherapeutic Treatment Plan Opti-Med

Pharmacotherapeutic Treatment Plan Opti-Med		
Date consultation		OPTI-MED
Name GP		
Time investment (incl. preparation)	Minutes | Home visit: YES / NO	

Name patiënt:	Date of birth:	Follow-up number (Opti-Med):
Medicationreview date:	**Medication review executed by team no:**	**GP practice:**
Geriatric giant(s):		
Diseases and symptoms based on ICPC	**New medication list** *(new items are bold)*	**Problems/questions/signals from patient:**

Priority No Proposed changes/advices	Explanation / reason:	Follow up? Yes/No/NA + explain:
Start:		YES/NO/NA
Stop:		YES/NO/NA
Changes (frequency, dosing):		YES/NO/NA
Ask/discuss with patient:		YES/NO/NA
Additional laboratory results/physical assessment:		YES/NO/NA
Other advice:		YES/NO/NA
Other changes (related to the medication regime) by GP?		

FINALLY: - Communicate all changes with the pharmacy
              - When needed, provide the patient with written information on changes in medication