



Pharmacist's Patient Care Documentation Form

Current Medical Conditions: pregnant, trimester: 1 2 3

breastfeeding, age of baby:

- | | | | | |
|--|--|---|--|-----------------------------------|
| <input type="checkbox"/> anemia | <input type="checkbox"/> depression | <input type="checkbox"/> hypertension | <input type="checkbox"/> thyroid disorders | <input type="checkbox"/> asthma |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> renal dysfunction | <input type="checkbox"/> tuberculosis | <input type="checkbox"/> arthritis | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> liver dysfunction | <input type="checkbox"/> GERD | <input type="checkbox"/> CHF | <input type="checkbox"/> glaucoma | <input type="checkbox"/> cancer |
| <input type="checkbox"/> urinary retention | <input type="checkbox"/> coronary artery disease | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> migraine | |
| <input type="checkbox"/> urinary frequency | <input type="checkbox"/> cerebrovascular disease | <input type="checkbox"/> high cholesterol | <input type="checkbox"/> Parkinson's disease | |
| <input type="checkbox"/> other: | | | | |

Past History of: Date diagnosed or occurred:

Newly Diagnosed: Date:

Allergies: none known penicillin sulfonamide codeine other:

Sensitivities: none known erythromycin narcotics other:

Family Medical History:

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> cerebrovascular disease | <input type="checkbox"/> high cholesterol | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> CHF | <input type="checkbox"/> COPD | <input type="checkbox"/> hypertension | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer | <input type="checkbox"/> other: | <input type="checkbox"/> coronary artery disease |

Details: (e.g. Mother/Father still living, age of death)

Social History:

Alcohol: No Yes, quantity

Nutrition: adequate poor

Caffeine intake: cups/day

Smoking: No Yes PPD:

Lifestyle: active sedentary

Other:

Language: English French Other:

Patient's Medication Experience:

attitude towards taking medication:

expectation from medication:

understanding of medication(s):

compliance:

concerns noted:

Intervention required: (address in Care Plan and Counselling)

Compliance aids: flip-cap vials (form signed) patient-filled dosette pharmacist-filled dosette

Education: disease state medication

Other:



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Counselling provided: (in language used with patient, point form)

Date:

in person telephone patient agent

Student/ intern:

References used: