

History

Is this medication for yourself? ☐ Yes ☐ No _____

What is your/their age and gender?

☐ Age: _____ *****CHILDREN DOSING*****

☐ Male

☐ Female

☐ Pregnant? _____ How far along? _____

☐ Breastfeeding? _____ How old is the child? _____

Special handling and disposal required – ask your pharmacist.

Weight: _____ *****CHILDREN DOSING*****

Have you had this medication before?

☐ Yes → Is it the same strength/form? _____

☐ No

Why you see the doctor today? Can you describe your symptoms?

Did they give you any instructions and or explain why you were to be taking this?

Is Dr _____ your regular doctor? If not, is this doctor aware of any other medications you are taking?

Has the patient requested any OTC medications with their Rx today? What is this for? Does it require Dr review?

e.g. aperients for ? clozapine induced constipation

Medical History

Do you have any medical conditions?

Condition	Notes

How are these controlled? Receive regular check-ups and tests?

Any liver/kidney problems? ☐ Yes ☐ No _____

Medication History

Do you manage your own medications at home? ☐ Yes ☐ No _____

Are you taking any other prescription medications?

Medication	Dose and Frequency	Indication	Extra Information

Prompt about any medications in the dispensing history that weren't addressed

Digoxin Toxicity: Confusion, loss of appetite, nausea, vomiting, diarrhoea, or vision problems

Lithium Toxicity: Severe nausea/vomiting, severe hand tremors, confusion, vision changes, unsteadiness while standing or walking

Serotonin Syndrome: Agitation/restlessness, insomnia, confusion, increased blood pressure, rapid heart rate, dilated pupils, tremor, sweating, diarrhoea, twitching

Lactic Acidosis (? Metformin): loss of appetite, nausea, vomiting, abdominal pain, cramps, fatigue, diarrhoea, weight loss

Leg pain: ? DVT with COCP, ? tendonitis from fluoroquinolones, ? myopathy from statin

Any medications from other pharmacies? Any medications such as puffers, patches, drops, creams, injections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any medications you only take sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No How often have you been needing to use them? Is the frequency you need to use them the same as normal?
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Any medications you could buy over the counter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any vitamins or supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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****Timing of these in relation to Rx drugs**
e.g. tetracyclines, fluoroquinolones, levothyroxine

Do not take dairy products, antacids or mineral supplements within two hours of each dose of this medicine.

Have there been any recent changes to your medications? Why were those changes made? Is your doctor aware of these?

Have you had any issues with your medications? E.g. side effects, forgetting any tablets, swallowing?

****Is the patient crushing their controlled release tablets?**

Any allergies to any medications? What happened? How long ago?

Is the patient prescribed any medications from the same class??

Lifestyle History

Smoke <input type="checkbox"/> Yes <ul style="list-style-type: none"> How many? _____ Has this number been stable? _____ Quit attempts? _____ <input type="checkbox"/> No Drugs that may be impacted by smoking: Clozapine, olanzapine, fluvoxamine, warfarin, clopidogrel, caffeine, methadone, BZDs, COCP	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	Caffeine <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any recent changes to your lifestyle?

Any surgery or travel planned?

Are you happy if I contact your doctor if I need to clarify anything about the prescription?
Thank you, please take a seat I will now review your prescription and get it ready for you.

Clinical Check

Also perform this check with any regular medications the patient may be taking → These may no longer be appropriate

	Indication <ul style="list-style-type: none"> <input type="checkbox"/> Is there are clear, valid, evidence based indication for each drug? <input type="checkbox"/> Are there any conditions/symptoms not treated by medications that may require a medication/treatment be prescribed?
	Dose <ul style="list-style-type: none"> <input type="checkbox"/> Is the dose safe and appropriate for patient and their condition? <i>Consider renal function, liver function, weight (actual/ideal) and age</i> <input type="checkbox"/> If the patient has stopped a medication and then restarted, do they need to titrate again? <input type="checkbox"/> For children – check dose of all regular medications. If their weight has increased, then their previous doses may be incorrect.
	Interaction (Use MIMS and AMH DI section) Consider: <ul style="list-style-type: none"> <input type="checkbox"/> Prescribed medicines <input type="checkbox"/> Herbal and alternative medicines <input type="checkbox"/> Comorbid disease states (eg. NSAIDs in heart failure) <input type="checkbox"/> Patient factors (e.g. warfarin in an alcoholic patient) <p>? QTC prolongation, seizure threshold, serotonin toxicity</p>
	Precautions CHECK DRUG CLASS + INDIVIDUAL DRUG MONOGRAPHS
	Contraindication CHECK DRUG CLASS + INDIVIDUAL DRUG MONOGRAPHS <ul style="list-style-type: none"> <input type="checkbox"/> Comorbidities <input type="checkbox"/> Concomitant medications <input type="checkbox"/> Previously experienced ADR <input type="checkbox"/> Allergy <input type="checkbox"/> Upcoming surgery and medication should be held <p>If there is something about holding a medication → Ask the patient if the doctor has mentioned anything about it to them yet?</p>
	Timing of doses <ul style="list-style-type: none"> <input type="checkbox"/> Shift worker? <input type="checkbox"/> Antacids, iron, calcium and drugs like levothyroxine, doxycycline (Label 4a Drugs) <input type="checkbox"/> Steroids, SSRIs, Mirtazapine etc (e.g. for sleeping difficulties)
	ADR/Toxicity <ul style="list-style-type: none"> <input type="checkbox"/> Is the patient experiencing adverse effects due to their medications? <input type="checkbox"/> Could the presenting complaint be related to this ADR? Serotonin toxicity, digoxin toxicity, lithium toxicity, muscle pain, insomnia, lactic acidosis (metformin)
	High-risk drugs e.g. azathioprine, amiodarone, digoxin, warfarin, DOACs
	TDM required e.g. amiodarone, AEDs, calcineurin inhibitors, digoxin, lithium, vancomycin
	Appropriate change over between drugs e.g. antidepressants
	Efficacy: <ul style="list-style-type: none"> <input type="checkbox"/> Is the drug achieving desired effect e.g. blood pressure reduced sufficiently by anti-hypertensive <input type="checkbox"/> Is efficacy being appropriately measured e.g. monitoring of BP, BGLs <input type="checkbox"/> Any barriers to administration e.g. swallowing, cognitive impairment <input type="checkbox"/> Consider intended duration of therapy
	Safety: <ul style="list-style-type: none"> <input type="checkbox"/> Patient factors e.g. adherence, does patient understand how to take meds <input type="checkbox"/> Prescribing factors: legible + legal order, dosing, formulation, route, duration

Provide Solution

***If Dr does not want to change or reduce dose etc → DO YOU NEED TO COUNSEL ON MONITORING FOR ADRs

Counselling

Counsel patient on new medications, changes and any handover from the doctor

☐ Provide CMI

Offer non-pharmacological advice, e.g. self-care card and lifestyle advice

Ask the patient if they have any questions and conclude interaction.