

Appendix A - Medication Consultation Services: Personal Medication Record

Pharmacy Information Name: Address: Telephone #: Pharmacist:	Patient Information ♀ ♂ Name: Height: Weight: Date of Birth: Address: Telephone #:	Alternate Contact Information (Agent/Substitution Decision Maker) Name(s): Address: Telephone #:
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Medical History/Family History Known Drug Allergies: Challenges to Medication Management: Physical Signs and Symptoms Physical limitations, include mobility, dexterity, visual, hearing. You may wish to identify risk factors-Cardiac, Respiratory, Gastro Intestinal, Urinary (Prostate), Central Nervous System, Dental Health, Musculoskeletal, Endocrine e.g. menopause. Cognitive Assessment: Knowledge of medication regimen, language barriers, cognitive impairments. Patient Concerns Laboratory Results blood sugar, cholesterol, haemoglobin, Thyroid Stimulating Hormone (TSH), International Normalized Ratio (INR) Self Care Regimes/Self-Efficacy (blood pressure, glucometer, tracheostomy care): Pharmacists Remarks:	Current Health Care Providers (name/contact information): Physician: Home Care Providers/CCAC: Other (nurse, dietician, physiotherapist etc.):	Lifestyle Information Married: yes <input type="checkbox"/> no <input type="checkbox"/> Living Arrangements/ Assistance with Activities of Daily Living: Smoking: yes <input type="checkbox"/> no <input type="checkbox"/> Alcohol: yes <input type="checkbox"/> no <input type="checkbox"/> Recreational Drugs: yes <input type="checkbox"/> no <input type="checkbox"/> Caffeine: Diet: Exercise: Sleep:
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Medication Information (Include Rx drugs, OTC drugs, herbal products, vitamin and mineral supplements, use of compliance aids, medical devices etc.)									
Start Date	Medication	Dosage	Route	Frequency	Scheduled Times	Purpose for use	Medication Related Issues (*DRPs)	Physician (Prescriber)	Stop Date

*DRP= Drug Related Problems: requires drug, dose too high, dose too low, drug not indicated/necessary, adverse drug reaction, wrong/inappropriate/suboptimal drug, non-adherence (intentional/non-intentional)

Appendix B - Medication Consultation Services: Medication Action Plan

Date Identified	Medication Related Issues (*DRPs)	Proposed Action/Referral	Information/Education Provided	Person Responsible	Timeline/Date of Follow-up	Result of Action	Priorities/Comments

*DRP= Drug Related Problems: requires drug, dose too high, dose too low, drug not indicated/necessary, adverse drug reaction, wrong/inappropriate/suboptimal drug, non-adherence (intentional/non-intentional)

Patient Name: _____

Pharmacy: _____

Pharmacist: _____