Documentation – Sample template

Patient Information

Name: _____
Address: _____
_____
_____
_____
Telephone: _____
Date of Birth: _____

Pharmacist Information

Name: _____
Registration: _____
Pharmacy: _____
_____
_____
Telephone: _____
Fax: _____

Prescription Information

Original Prescription Information

Original Prescription No.: _____
Date of Original Rx: _____
Original Rx Details (name,strength, quantity, duration): _____
_____
_____
_____
Copy attached? ❑Yes ❑ No

Adapted/Renewed Information

Date: _____
Adapted/Renewed Rx Details:
_____
_____

Original Prescriber Information

Name: _____
Contact (phone/fax): _____

Rationale for Prescribing

(Consider Patient Assessment, Circumstances, etc.)

_____
_____
_____
_____
_____
_____
_____

Monitoring/Follow-up Plan

_____
_____
_____
_____
_____

Consent

Consent was received from the patient/agent ❑

Notification Information

Names of Prescriber/Practitioner notified: _____
Date of Notification: _____
Method of Notification:
Fax # _____ Phone # _____ Other _____