



CONTACT INFORMATION	Name				
	Address		City	State	Postal Code
	Telephone (h)		(w)	(cell)	e-mail
	Pharmacy Name		Clinic Name		
	(tel)		(tel)		

DEMOGRAPHICS	Age	Date of Birth	Gender: M/F
	Weight	Height	Lean Body Weight
	Pregnancy status: Y/N	Breast Feeding: Y/N	Due Date
	Occupation		
	Living Arrangements/Family		
	Health Insurance (coverage issues):		

REASON FOR THE ENCOUNTER

MEDICATION EXPERIENCE	What is the patient's general attitude toward taking medication?	Needs attention in care plan	
		Y	N
	What does the patient want/expect from his/her drug therapy?	Needs attention in care plan	
		Y	N
	What concerns does the patient have with his/her medications?	Needs attention in care plan	
		Y	N
	To what extent does the patient understand his/her medications?	Needs attention in care plan	
		Y	N
	Are there cultural, religious, or ethical issues that influence the patient's willingness to take medications?	Needs attention in care plan	
		Y	N
	Describe the patient's medication taking behavior	Needs attention in care plan	
		Y	N

CHILDHOOD IMMUNIZATIONS*		Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	13-18 yrs
	Hepatitis B	Dose 1	Dose 2			Dose 3							
	Diphtheria, Tetanus, Pertussis			1	2	3		4					
	<i>Haemophilus influenzae</i> Type b			1	2	3	4						
	Polio-inactivated			1	2	3				4			
	Measles, Mumps, Rubella						1				2		
	Varicella (chicken pox)												
	Pneumococcal			1	2	3	4						
	Hepatitis A(children in high risk regions)									Hepatitis A Series			
	Influenza (Children ≥ 6 with asthma, diabetes, HIV, sickle cell, cardiac disease)						Yearly						

Current on all childhood immunizations

ADULT IMMUNIZATIONS*		19-49 YEARS	50-64 YEARS	65 YEARS & OLDER
	Tetanus, Diphtheria (Td)	1 booster every ten years	1 booster every ten years	1 booster every ten years
	Influenza	1 dose annually for persons with medical or occupational indications or household contacts of persons with indications	1 annual dose	1 annual dose
	Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications. (1 dose revaccination for immunosuppressive conditions)	1 dose for person with medical or other indications. (1 dose revaccination for immunosuppressive conditions)	1 dose for unvaccinated persons 1 dose revaccination

Current on all adult immunizations

*see <http://www.cdc.gov/nip> for more information

SOCIAL DRUG USE	Substance	History of Use	Substance	History of Use
	Tobacco <input type="checkbox"/> No tobacco use	<input type="checkbox"/> 0-1 packs per day <input type="checkbox"/> >1 packs per day <input type="checkbox"/> previous history of smoking <input type="checkbox"/> attempts to quit	Alcohol <input type="checkbox"/> No alcohol use	<input type="checkbox"/> < 2 drinks per week <input type="checkbox"/> 2-6 drinks per week <input type="checkbox"/> > 6 drinks per week <input type="checkbox"/> history of alcohol dependence
Caffeine <input type="checkbox"/> No caffeine use	<input type="checkbox"/> < 2 cups per day <input type="checkbox"/> 2-6 cups per day <input type="checkbox"/> > 6 cups per day <input type="checkbox"/> history of caffeine dependence	Other recreational drug use		

ALLERGIES & ALERTS	Medication Allergies (drug, timing, reaction—rash, shock, asthma, nausea, anemia)
	Adverse reactions to drugs in the past
	Other Alerts/Health Aids/Special Needs (sight, hearing, mobility, literacy, disability)

CURRENT MEDICAL CONDITIONS AND MEDICATIONS	INDICATION	DRUG PRODUCT	DOSAGE REGIMEN dose, route, frequency, duration	START DATE	RESPONSE effectiveness/safety	

PAST DRUG THERAPIES	INDICATION	DRUG THERAPY	RESPONSE	DATE	

PAST MEDICAL HISTORY (RELEVANT ILLNESSES, HOSPITALIZATIONS, SURGICAL PROCEDURES, INJURIES, PREGNANCIES, DELIVERIES)

NUTRITIONAL STATUS (NOTE DAILY INTAKE OF CALORIES, CALCIUM, SODIUM, CHOLESTEROL, FIBER, POTASSIUM, VITAMIN K)

calories	K ⁺	cholesterol	Vitamin K
calcium	Na ⁺	fiber	

OTHER FOOD OR DIETARY RESTRICTIONS/NEEDS

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Vital signs: BP _____ / _____ HR _____ bpm Resp Rate _____ Temp _____
y/n y/n

REVIEW OF SYSTEMS	General Systems	Poor appetite	GU/Reproductive	Dysmenorrhea/ menstrual bleeding
		Weight change		Incontinence
		Pain		Impotence
		Headache		Decreased sexual drive
		Dizziness (vertigo)		Vaginal discharge or itching
	EENT	Change in vision		Hot flashes
		Loss of hearing	Kidney/Urinary	Urinary frequency
		Ringling in the ears (tinnitus)		Bloody urine (hematuria)
		Bloody nose (epistaxis)		Renal dysfunction
		Allergic rhinitis	Hematopoietic Symptoms	Excessive bruising
		Glaucoma		Bleeding
		Bloody sputum (hemoptysis)		Anemia
	Cardiovascular	Chest pain	Musculoskeletal	Back pain
		Hyperlipidemia		Arthritis pain (osteo/rheumatoid)
		Hypertension		Tendonitis
		Myocardial Infarction		Painful muscles
		Orthostatic hypotension	Neuropsychiatric	Numb, tingling sensation in extremities (parasthesia)
	Pulmonary	Asthma		Tremor
		Shortness of breath		Loss of balance
		Wheezing		Depression
	Gastrointestinal	Heartburn		Suicidal
		Abdominal pain		Anxiety, nervousness
		Nausea		Inability to concentrate
		Vomiting		Seizure
	Diarrhea		Stroke/TIA	
	Constipation		Memory loss	
Skin	Eczema/Psoriasis	Infectious Disease	HIV/AIDS	
	Itching (pruritis)		Malaria	
	Rash		Syphilis	
Endocrine Systems	Diabetes		Gonorrhea	
	Hypothyroidism		Herpes	
	Menopausal Symptoms		Chlamydia	
Hepatic	Cirrhosis		Tuberculosis	
	Hepatitis			
Nutrition/Fluid/Electrolytes	Dehydration			
	Edema			
	Potassium deficiency			

DRUG THERAPY PROBLEMS TO BE RESOLVED

DRUG THERAPY PROBLEMS	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	INDICATION
		<p><i>Unnecessary Drug Therapy</i></p> <p><input type="checkbox"/> No medical indication</p> <p><input type="checkbox"/> Duplicate therapy</p> <p><input type="checkbox"/> Nondrug therapy indicated</p> <p><input type="checkbox"/> Treating avoidable ADR</p> <p><input type="checkbox"/> Addictive/recreational</p> <p><i>Needs Additional Drug Therapy</i></p> <p><input type="checkbox"/> Untreated condition</p> <p><input type="checkbox"/> Preventive/prophylactic</p> <p><input type="checkbox"/> Synergistic/potentiating</p>
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	EFFECTIVENESS
		<p><i>Needs Different Drug Product</i></p> <p><input type="checkbox"/> More effective drug available</p> <p><input type="checkbox"/> Condition refractory to drug</p> <p><input type="checkbox"/> Dosage form inappropriate</p> <p><input type="checkbox"/> Not effective for condition</p> <p><i>Dosage Too Low</i></p> <p><input type="checkbox"/> Wrong dose</p> <p><input type="checkbox"/> Frequency inappropriate</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Duration inappropriate</p>
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	SAFETY
	<p><i>Adverse Drug Reaction</i></p> <p><input type="checkbox"/> Undesirable effect</p> <p><input type="checkbox"/> Unsafe drug for patient</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Dosage administered or changed too rapidly</p> <p><input type="checkbox"/> Allergic reaction</p> <p><input type="checkbox"/> Contraindications present</p> <p><i>Dosage Too High</i></p> <p><input type="checkbox"/> Wrong Dose</p> <p><input type="checkbox"/> Frequency inappropriate</p> <p><input type="checkbox"/> Duration inappropriate</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Incorrect administration</p>	
MEDICAL CONDITION AND DRUG THERAPY INVOLVED	COMPLIANCE	
	<p><i>Noncompliance</i></p> <p><input type="checkbox"/> Directions not understood</p> <p><input type="checkbox"/> Patient prefers not to take</p> <p><input type="checkbox"/> Patient forgets to take</p> <p><input type="checkbox"/> Patient cannot afford</p> <p><input type="checkbox"/> Cannot swallow/administer</p> <p><input type="checkbox"/> Drug product not available</p>	

No Drug Therapy Problem(s) at this time