



Patient Education/Monitoring

Appointment

____/____/____

____:____am/pm

(____)____-____

Patient: _____

Date: _____ Medication: _____

Patients may experience complications or develop questions shortly after beginning new therapy. Your pharmacist will be contacting you in the near future to ensure that you achieve the best results from your medication.

Condition Treated _____

Initial Symptoms _____

Reason	Action	Result
<input type="checkbox"/> New/Changed Prescription Therapy	<input type="checkbox"/> Name of Drug	<input type="checkbox"/> Therapeutic Success Resolved/Stable
<input type="checkbox"/> OTC Therapy	<input type="checkbox"/> Therapeutic Class	<input type="checkbox"/> Therapeutic Failure Unresolved/Worse
	<input type="checkbox"/> Directions for Use	<input type="checkbox"/> Patient Refusal
	<input type="checkbox"/> Side Effects/Warnings	
	<input type="checkbox"/> Storage Requirements	
	<input type="checkbox"/> Missed Dose Actions	
	<input type="checkbox"/> Written Material	
	<input type="checkbox"/> Set Monitoring Appt.	

Prescription Label

Appointment

___/___/___

___:___am/pm

(___)___-___



Condition Treated _____

Initial Symptoms _____

Reason	Action	Result
<input type="checkbox"/> New/Changed Prescription Therapy <input type="checkbox"/> OTC Therapy	<input type="checkbox"/> Name of Drug <input type="checkbox"/> Therapeutic Class <input type="checkbox"/> Directions for Use <input type="checkbox"/> Side Effects/Warnings <input type="checkbox"/> Storage Requirements <input type="checkbox"/> Missed Dose Actions <input type="checkbox"/> Written Material <input type="checkbox"/> Set Monitoring Appt.	<input type="checkbox"/> Therapeutic Success Resolved/Stable <input type="checkbox"/> Therapeutic Failure Unresolved/Worse <input type="checkbox"/> Patient Refusal

MONITORING ATTEMPTS

1

made on ___/___/___
at ___:___ am/pm

2

made on ___/___/___
at ___:___ am/pm

3

made on ___/___/___
at ___:___ am/pm

PATIENT INTERVIEW

How have initial signs and symptoms changed?

Have any new health problems developed?

Explain how you have been administering the medication (route, time of day, etc.).

Have you missed any doses?

Are you satisfied with your drug therapy?

What other questions or concerns do you have?

PHARMACIST ASSESSMENT

Therapeutic Success

Resolved/Stable

Continue to Monitor

Therapeutic Failure

Unresolved/Worse
Further Action

Call Physician

Refer to Physician

Patient Refusal

Other