

Pharmacist Minor Ailment Prescribing Record

Mister Pharmacist

Date Assessed: Nov, 9 2023

Patient Information	
First Name: Dale	Last Name: Chapman
Date of Birth (mm/dd/yyyy): 06/13/1962	Gender: male
Phone Number: 705-229-1798	Health Card: 8987660274LT
Address Line 1: 28 Virgilwood Cr.	Address Line 2:
City: Barrie	Province: ON
Country: Canada	Postal Code: L4M 4YT

Medical Profile
Allergies: No reported allergies
Conditions: Diabetes. Have had congestive heart failure and a triple bypass in 2012
Current Medications: Tresiba; insulin; 12 units per day. Synjardy 12.5mg / 100mg. Metoprolol 75 mg twice daily. ezetimibe 10 mg. Perindopril Erbumine 8mg. Xarelto 2.5mgAmlodipine Besylate 10mg. Gliclazide 60mg. Rosuvastatin 40mg. Aspirin 81mg.
Details:

Red Flags

Diabetes, cardiovascular disorders (e.g. heart attack, angina, heart failure, peripheral artery disease, atherosclerosis (plaque buildup in arteries), stroke or tia, family history of premature cardiovascular disease, uncontrolled high blood pressure, high cholesterol)

Symptom Information
Minor ailment name: Sprains & strains

How would you rate your pain on a scale of 1 to 10? (10 being the most severe)

Pain when moving

Pain when at rest

Swelling

Are you taking any of these medications? Statin for cholesterol (e.g. atorvastatin/Lipitor, rosuvastatin/Crestor, simvastatin/Zocor), Blood thinner (e.g. antiplatelet or anticoagulant like Xarelto, Eliquis, Pradaxa, Lovenox, warfarin/Coumadin) , ASA?

Areas affected: What do you think caused the injury? Don't know How long have you been experiencing symptoms? 3 days What makes it better? ice and elevation and sleep What makes it worse? using it Can you describe the pain? For example, is it sharp? Dull? Burning? Constant? Intermittent? Constant Have you had previous injuries to the same area? No

Differential Diagnosis

No differential diagnoses were flagged

Additional Notes

No additional notes were logged

Treatment Selected

Therapeutic Information

Informed patient that prescription can be filled at other pharmacy.

Non-pharmacological recommendations:

Follow Up

A follow-up is scheduled to be done with the patient on

Prescribing Pharmacist Information

Name: Alexander Mihaila

License Number: 219201

Pharmacy Name: Mister Pharmacist

Pharmacy Phone Number: 416-593-4000

Pharmacy Fax Number: 416-593-4166

Primary Care Provider Information

Name: Dr. Zahir Poonja

Designation: General practitioner (family MD)

License Number:

Telephone Number: 705-727-7688

Fax Number:

Pharmacist Signature: *authorization collected electronically on Nov, 9 2023*



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Prescription

Prescribing Pharmacist Information

Name: Alexander Mihaila	License Number: 219201
Pharmacy Name: Mister Pharmacist	Pharmacy Phone Number: 416-593-4000
Pharmacy Fax Number: 416-593-4166	

Pharmacist Signature: *authorization collected electronically on Nov, 9 2023*

Pharmacy Minor Ailment Assessment Notification

To: Doctor Dr. Zahir Poonja,

This document is to inform you that I met with a mutual patient, who presented with Sprains & strains. After an assessment, a prescription was issued for . The prescription details and rationale for my decision are documented below. This is for your information, to keep your records for this patient up to date.

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Last Name: Chapman

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Address Line 2:

City: Barrie

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Postal Code: L4M 4YT

Prescription

Rationale for Prescription & Relevant Patient Information

Minor ailment name: Sprains & strains

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Additional Notes

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Prescribing Pharmacist Information

Name: Alexander Mihaila	License Number: 219201
Pharmacy Name: Mister Pharmacist	Pharmacy Phone Number: 416-593-4000
Pharmacy Fax Number: 416-593-4166	

Primary Care Provider Information

Name: Dr. Zahir Poonja	Designation: General practitioner (family MD)
License Number:	Telephone Number: 705-727-7688
Fax Number:	

Pharmacist Signature: *authorization collected electronically on Nov, 9 2023*