

UBC Pharmacists Clinic

Faculty of Pharmaceutical Sciences - Pharmacists Clinic

Second Floor, 2405 Wesbrook Mall Vancouver, BC V6T 1Z3 Phone: 604-827-2584 Fax: 604-827-2579

Prepared by:

Prepared on:

PATIENT					
First and Last Name:		PHN:		Gender:	
		Date of Birth:		Phone #:	
Known allergies and reactions:					
FAMILY PHYSICIAN					
Full Name:		Phone #:		Fax #:	

BEST POSSIBLE MEDICATION HISTORY (BPMH)—Patient Section

MEDICATIONS I TAKE—Prescription, non-prescription, natural health products -			
WHAT I TAKE <i>Name, strength & form of medication as noted on the prescription or medication package label</i>	HOW I TAKE IT <i>For example, when to take it, take with/without food, warnings, etc.</i>	WHY I TAKE IT <i>Disease, condition or symptoms it addresses</i>	SPECIAL INSTRUCTIONS <i>(if applicable)</i>
<input checked="" type="checkbox"/> Patient was asked and is taking the non-prescription or natural health products listed above, or otherwise not taking any at this time			

Notes:

PATIENT ACKNOWLEDGEMENT	
My pharmacist has explained to me the purpose of a medication review service. I agreed that I could benefit from this publicly funded service. The review was conducted in a place that respected my privacy. During the appointment my pharmacist fully explained any medication changes or concerns to me. At the end of the medication review appointment, my pharmacist gave me a list of my current medications. The list includes any changes resulting from the medication review service provided.	
Signature of patient (or patient's legal representative)	Date

Attention Health Care Professionals: Sources of information in this document include (but are not limited to) PharmaNet, local pharmacy data and the patient. The patient is responsible for the accuracy and completeness of the data they provided when this document was prepared and for advising the pharmacist of any change to these medications. The pharmacist is responsible for information in this document that changed as a result of providing a medication review service to the patient.

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BEST POSSIBLE MEDICATION HISTORY (BPMH)—Health Care Professionals Section

[illegible]

Notes:

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DRUG THERAPY PROBLEM (DTP)

DRUG THERAPY PROBLEM (select one only)					
<input type="checkbox"/>	unnecessary drug	<input type="checkbox"/>	dosage too low	<input type="checkbox"/>	adverse drug reaction
<input type="checkbox"/>	needs additional drug	<input type="checkbox"/>	dosage too high	<input type="checkbox"/>	ineffective drug
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	patient adherence
MEDICATION INVOLVED (drug name, route, dose, frequency, duration)					
PLAN (what is the issue, what will be done to resolve the problem, by whom and when)					
ACTION BY PHARMACIST (select all that apply)					
<input type="checkbox"/>	adapt prescription	<input type="checkbox"/>	contact prescriber to change/start/stop (Rx)	<input type="checkbox"/>	provide education
<input type="checkbox"/>	immunization (public)	<input type="checkbox"/>	change/ start/ stop (non-Rx)	<input type="checkbox"/>	initiate monitoring
<input type="checkbox"/>	immunization (private)	<input type="checkbox"/>	eliminate patient barrier	<input type="checkbox"/>	refer to medical physician
<input type="checkbox"/>	refer to other health professional	<input type="checkbox"/>	other recommendation (specify)		
FOLLOW UP (meeting date, pharmacist name, results/comments)					
NOTIFICATION, if applicable (notification dates, persons notified)					

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