

## MEDICATION REVIEW INTERVIEW WORKSHEET

### FOR USE BY PHARMACIST

Patient Name

**For each medication, review the following information.**

	Reviewed	Comments/Issues/Intervention	Follow-up
Knows generic and common brand name	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Knows reason(s) for use	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Understands dosing frequency	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Understands special dosing instructions (e.g., empty stomach, under the tongue)	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Assess adherence	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Demonstrations, if applicable (e.g., inhalers, eye drops)	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Check labelling & packaging (e.g., need for easy open vials or blister packs, trouble reading labels)	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Storage is appropriate	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Check expiry dates and discuss disposal of discontinued or expired medications	<input type="checkbox"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

## MEDICATION REVIEW INTERVIEW WORKSHEET (continued)

Use the comments from the first page to develop key medication issues, actions and follow-up. The "PharmaCheck Guide" may be a useful tool in addressing medication issues identified. Pharmacists should become familiar with the tips provided as an aid in addressing these issues.

Patient name

Date of Medication Review

Pharmacist

### Meds brought to visit (not on profile)

### Issues

### Actions

### Follow-up

**To complete the PharmaCheck Medication Review please complete the Personal Medication Record (required) and Physician Communication Letter (if applicable).**