CHAP
Cardiovascular Health Awareness Program
Programme de sensibilisation à la santé cardiovasculaire

Appendix 5.2

CHAP Pharmacist Assessment Form

Please PRINT CLEARLY in CAPITALS

Patient's Last Name

Patient's First Name

Patient's Birth Date (year) - (3-letter month) - (day)

Pharmacist's Surame

Pharmacy ID -

Family Physician's Surname

Assessment completed on (year) - (3-letter month) - (day)

- ❑ MedsCheck initial assessment completed (in person)
- ❑ MedsCheck follow up assessment completed (in person)

CHAP Assessment Conducted: ❑ In Person ❑ By Phone

Client consents to having this information sent to family physician? ..... ❑ Yes ❑ No

If yes, Pharmacist will fax this information to MD within 5 business days? ..... ❑ Yes ❑ No

Reason for Referral: (fill ALL that apply)

❑ Systolic BP >/= 160 mmHg ❑ Other:_____

1. Summary of Pharmacist Assessment: (Please PRINT legibly)

Fill ALL that apply:

- ❑ Non-Adherence ..... Agent(s): _____
- ❑ Drug Interaction(s) ..... Agent(s): _____
- ❑ Drug-induced hypertension ..... Causative Agent(s): _____
- ❑ Other medication related issue(s) ..... Specify: _____

OR ❑ No medication issues identified

Time taken to complete activities of Pharmacists Assessment (Q1): ___ **min**

2. Action(s) taken by Pharmacist: (Please PRINT legibly)

Fill ALL that apply:

- ❑ Assisted with initiating adherence aid
- ❑ Provided Education
- ❑ Called Participant's Family Physician to discuss
- ❑ Mailed or faxed form to Family Physician
- ❑ Other

Details: _____ _____ _____ _____

OR ❑ No medication issues identified

Time taken to complete activities of Action Assessment (Q2): ___ **min**

3. Follow up action(s) taken by Pharmacist: (Please PRINT legibly)

Patient's (year) - (3-letter month) - (day) Details: _____

Details: _____

Patient's (year) - (3-letter month) - (day) Details: _____

Time taken to complete Follow up actions (Q3): ___ **min**

CHAP Local Coordinator: Collect the assessment form from the Pharmacist and ensure the Pharmacist takes or receives a copy for their clinical records. Please also securely send a copy to CHAP Central.