

Appendix 5.2

CHAP Pharmacist Assessment Form

Please PRINT CLEARLY in CAPITALS

Patient's Last Name	<input type="text"/>	Pharmacist's Surame	<input type="text"/>
Patient's First Name	<input type="text"/>	Pharmacy ID	<input type="text"/> - <input type="text"/>
Patient's Birth Date	<input type="text"/> - <input type="text"/> - <input type="text"/> (year) (3-letter month) (day)	Family Physician's Surname	<input type="text"/>

Assessment completed on	<input type="text"/> - <input type="text"/> - <input type="text"/> (year) (3-letter month) (day)	<input type="checkbox"/> MedsCheck initial assessment completed (in person) <input type="checkbox"/> MedsCheck follow up assessment completed (in person) CHAP Assessment Conducted: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone
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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

OR No medication issues identified

} Details { _____

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

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

Patient's	<input type="text"/> - <input type="text"/> - <input type="text"/> (year) (3-letter month) (day)	Details: _____
Patient's	<input type="text"/> - <input type="text"/> - <input type="text"/> (year) (3-letter month) (day)	Details: _____

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