# University of Pittsburgh School of Pharmacy Patient Care Evaluation

**Background Information**

|  |  |
| --- | --- |
| Name  | Date of Birth/Age  |
| Address  |
| City | State | Zip Code |
| Sex Male or Female | Phone # | Occupation |
| Living Arrangements |

**Healthcare Providers**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s Name*Ex: Dr. George Franklin* | Type*Family Physician* | Phone #*412-555-0000* | Next Appointment *5/24/2017* |
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| Main Pharmacy | Phone # |

**Health Insurance Coverage**

|  |
| --- |
| Do you have Health Insurance? Y NIf YES, what type? Medicare Medicaid Private Adult Basic Care Other:\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Does your plan cover prescriptions?: Y NIf YES, what type? Co-pay Deductible Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If the answer is YES, stop filling this part of the form, if NO, proceed further* |
| Employment Status of Applicant: Full-time Part-time Retired Seasonal Unemployed Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_ |
| US Citizen?: Y N |
| Family Size: Total number of people in household, including yourself: \_\_\_\_\_\_\_\_\_\_\_\_Number of Adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Children (under 18 years of age): \_\_\_\_­\_ |
| In order to ensure we are able to determine the best potential prescription assistance for you, we need to have a general range of your monthly gross income for the entire household:Is your household income less than $31,500 for the year? Y N If Yes, you may be eligible for PACENETIs your household income less than $17,700 for the year? Y N If Yes, you may be eligible for PACE***We will use this information to find the best prescription assistance for you*** |

**\*Shaded areas may not be relevant for standardized patients**

**Current Medications** (Include all medicines prescribed by your doctor.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Strength | For how long? | What is it taken for? | How is it taken?When? (√ Check*)* | Physician | Possible Drug Therapy Problem |
| *Example:**Atenolol 50mg* | *2 years* | *Blood Pressure* |

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| --- | --- | --- | --- |
| **Morning** | **Noon** | **Evening**  | **Bedtime** |

 | *Dr. Smith* | *Noncompliance* |
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**Current Over-the-Counter (OTC) Medications** (Include OTC medications, vitamins, and herbal supplements.)

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| --- | --- | --- | --- | --- | --- |
| Name/Strength | For how long? | What is it taken for? | How is it taken?When? (√ Check*)* | Physician | Possible Drug Therapy Problem |
| *Example:**Centrum Multivitamin* | *6 years* | *Heart Attack Prevention* |

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| --- | --- | --- | --- |
| **Morning** | **Noon** | **Evening**  | **Bedtime** |

 | *Dr. Smith* | *Noncompliance* |
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**Medication Experience**

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| --- | --- |
| *Evaluate the patient’s* ***attitude*** *toward taking medications.* (Remember to include evidence.) How do you feel about taking medications? | *Needs Attention in Care Plan* |
| YES | NO |
| *Evaluate the patient’s* ***expectations*** *regarding medication use.* (Remember to include evidence.) What do you expect or want from taking your medications? | *Needs Attention in Care Plan* |
| YES | NO |
| *Evaluate the patient’s* ***concerns*** *regarding medication use.* (Remember to include evidence.) What concerns do you have about taking medications? | *Needs Attention in Care Plan* |
| YES | NO |
| *Evaluate the patient’s* ***understanding*** *of the purpose of the medications, based on the patient’s knowledge of each medication’s indication.* (Circle one.) Good Understanding Fair Understanding Poor Understanding | *Needs Attention in Care Plan* |
| YES | NO |

|  |  |
| --- | --- |
| *Assess the patient’s* ***compliance*** *with medication regimens.* (Remember to include evidence.) How often do you forget or miss a dose?  What do you do when you forget? How does the cost of your medications affect how you take them? | *Needs Attention in Care Plan* |
| YES | NO |
| *Evaluate presence of* ***cultural, religious, or ethical issues*** *that influence the patient’s willingness to take medications.* (Remember to include evidence.) | *Needs Attention in Care Plan* |
| YES | NO |
| *Evaluate the patient’s* ***medication management system*** *(medication taking behaviors).* (Remember to include evidence.) How do you manage your medications?  Where do you store your medications?  How are they organized? | *Needs Attention in Care Plan* |
| YES | NO |

**Medication Allergies**

|  |  |
| --- | --- |
| Medication (Name, timing, dose) | What happened?(Nausea, rash, shortness of breath. etc.) |
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| Other Health Alerts | Eyesight, hearing, mobility, devices, literacy, disability(Circle all that apply or indicate NONE.) |

**Adult Immunizations**

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| --- | --- | --- | --- |
| Immunizations | Date |  Adult Immunizations | Date |
| Influenza1 dose annually |  | Hepatitis A2 or 3 dose series |  |
| Pneumococcal polysaccharide (PPSV23)≥65 yrs, chronic health condition,1 dose for unvaccinated pts ≥1 year after PCV13, 1 dose for revaccination in 5 years |  | Hepatitis B3 dose series |  |
| Pneumococcal conjugate (PCV13)≥65 yrs, immunosuppressed, HIV, renal failure, 1 lifetime dose for unvaccinated pts,give PCV13 first; give PPSV23 ≥1 year after |  | Tetanus, diphtheria (Td) 1 booster every 10 yearsTetanus, diphtheria, and acellular pertussis (Tdap) Substitute 1-time dose for Td |  |
| Herpes zoster (shingles)≥60 yrs1 lifetime dose |  | Meningococcal1 or more doses |  |
| Human papillomavirus (HPV) (females <26 years; males <21 years)2 or 3 dose series |  | Immunization schedules<https://www.cdc.gov/vaccines/schedules/> |

**Current Medical History**

(Please list any current medical conditions.)

|  |  |
| --- | --- |
| Medical condition  | Date |
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**Past Medication Use**

(Please list any medications that were once used, but are no longer and the reason for discontinuation.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication Name | Dose/Route/Frequency/Duration | Indication | Reason forDiscontinuation | StartDate | EndDate |
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**Past Medical History**

(Please list any relevant illness, hospitalizations, surgical procedures, injuries, etc.)

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| --- | --- |
| Medical condition or recent hospitalization | Date |
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**Family History**

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| --- | --- |
| Family Member | Disease/Condition |
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**Social History**

|  |  |  |
| --- | --- | --- |
| How often do you use tobacco? | How many? (√ Check*)* | When? (√ Check*)* |
| * Never
 | * Never
 |
| * 1 pack or less
 | * Per Day
 |
| * Greater than 1 pack
 | * Per Week
 |
| * Attempting to quit
 | * Per Month
 |

|  |  |  |
| --- | --- | --- |
| How often do you consume alcohol? | How many? (√ Check*)* | When? (√ Check*)* |
| * Never
 | * Never
 |
| * 1 to 3 drinks
 | * Per Day
 |
| * 4-6 drinks
 | * Per Week
 |
| * Greater than 7 drinks
 | * Per Month
 |

|  |  |  |
| --- | --- | --- |
| How often do you consume caffeine? | How many? (√ Check*)* | When? (√ Check*)* |
| * Never
 | * Never
 |
| * Less than 2 drinks
 | * Per Day
 |
| * 2-6 drinks
 | * Per Week
 |
| * Greater than 7 drinks
 | * Per Month
 |
| Other Recreational Drug Use | * Yes, type:
 | * No
 |
| Describe Diet | Meals per day? | Dietary Restrictions? |
|  1 2 3 | * Yes – religious
 |
|  Skip Meals? Yes or No (circle) | * Yes – cultural
 |
|  Which meal is skipped?  | * Yes – health
 |

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| --- | --- | --- |
| Describe/List Exercise  | How often? (√ Check*)* | For how long? (√ Check*)* |
| * Never
 | * 30 minutes
 |
| * < 5 times per week
 | * 60 minutes
 |
| * Between 5-7 times per week
 | * >60 minutes
 |

**Recent Laboratory Work**

|  |  |  |
| --- | --- | --- |
| Laboratory test performed | Date | Results |
| *Ex: Bone Density* | *10/4/06* | *-1.0* |
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**Physical Assessment/Other**

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| Height (ft/cm) | Weight (lbs/kg) | Ideal Body Weight (kg) \_\_\_\_\_\_BMI \_\_\_\_\_\_ |
| BP \_\_\_\_\_/\_\_\_\_\_ mm Hg *(sitting)*BP \_\_\_\_\_/\_\_\_\_\_ mm Hg *(standing)*Heart Rate \_\_\_\_\_  | Respirations \_\_\_\_\_Temperature \_\_\_\_\_ | ASCVD risk \_\_\_\_\_Other \_\_\_\_\_\_ |

**Reference**

Cipolle RJ, Strand LM, Morley PC. Pharmaceutical care practice: the patient centered approach to medication management. 3rd ed. New York: McGraw-Hill; 2012.