Cholesterol Screening Program Evaluation Form-Weekly

Walgreen Store #: __________________________  Week of (Sun.- Sat.): __________________
Pharmacy Manager: ____________________________________________________________
Number of patients seen over the last week: ______________________________________

Note the number of interventions made by the pharmacist (if any) over the last week.
Place a number in the box or on the line for the number of patients that it applies to. (i.e. if the RPh made 1 dosage
change for 2 patients over the last week, then place a 2 on the dosage change line).

<table>
<thead>
<tr>
<th>Drug Related Problems</th>
<th>Prescription</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic</td>
<td>Prescription</td>
<td>Compliance</td>
</tr>
<tr>
<td>Allergy</td>
<td>Drug not covered</td>
<td>Refill too soon</td>
</tr>
<tr>
<td>Contraindication</td>
<td>Drug unavailable</td>
<td>Improper use of medication</td>
</tr>
<tr>
<td>Dose too high</td>
<td>Drug unnecessary</td>
<td>Excessive duration</td>
</tr>
<tr>
<td>Dose too low</td>
<td>Incomplete RX</td>
<td>Improper dosage form</td>
</tr>
<tr>
<td>Other</td>
<td>Rx not legible</td>
<td>Other</td>
</tr>
</tbody>
</table>

Action taken:
- [ ] Discussed with patient/caregiver
- [ ] Contacted third party payer
- [ ] Education/ Counseling
- [ ] Contacted health care provider
- [ ] Demonstration
- [ ] Referral to ________
- [ ] Other ________

Recommendations:

<table>
<thead>
<tr>
<th>Change:</th>
<th>Dose:</th>
<th>Rx:</th>
<th>Drug:</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>Increase</td>
<td>Complete</td>
<td>Stop/hold</td>
<td>Check labs</td>
</tr>
<tr>
<td>Duration</td>
<td>Decrease</td>
<td>Clarify</td>
<td>Add different med.</td>
<td>Specify</td>
</tr>
<tr>
<td>Form/route</td>
<td>Add new medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results

- [ ] Continued without modification
- [ ] Medication added
- [ ] Medication not dispensed
- [ ] Form/Route changed
- [ ] Medication changed
- [ ] Dose changed
- [ ] Schedule changed
- [ ] Other ________

Recommendation accepted: [ ] Yes [ ] No
Reduced Cost: [ ] Yes [ ] No
Increased Cost: [ ] Yes [ ] No

Patient Benefit:
- [ ] Increased therapeutic effectiveness
- [ ] Prevented toxicity/side effects
- [ ] Improved monitoring of therapy
- [ ] Improved Compliance
- [ ] Non-compliance (pt. refused recommendation)

Created by SLS, modified by ADT.