002 - Form

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).

Drug Related Problems

Therapeutic	**Prescription**	**Compliance**
____Allergy	____Drug not covered	____Refill too soon
____Contraindication	____Drug unavailable	____Improper use of medication
____Dose too high	____Drug unnecessary	____Excessive duration
____Dose too low	____Incomplete RX	____Improper dosage form
____Other_____	____Rx not legible	____Other_____
	____Other_____	

Action taken:

☐ Discussed with patient/caregiver
☐ Education/ Counseling
☐ Demonstration
☐ Contacted third party payer
☐ Contacted health care provider
☐ Referral to _____
☐ Other_____

Recommendations:

Change:	*Dose:*	*Rx:*	*Drug:*	*Other*
_____Drug	_____Increase	_____Complete	_____Stop/hold	_____Check labs
_____Duration	_____Decrease	_____Clarify	_____Add different med.	_____Specify
_____Form/route		_____Add new medication		
_____Schedule				

Results

☐ Continued without modification
☐ Medication not dispensed
☐ Medication changed
☐ Medication added
☐ Form/Route changed
☐ Dose changed
☐ Medication discontinued
☐ Schedule changed
☐ Other_____

Recommendation accepted: _____Yes _____No
Reduced Cost: _____Yes _____No
Increased Cost: _____Yes _____No

Patient Benefit:

☐ Increased therapeutic effectiveness
☐ Improved monitoring of therapy
☐ Non-compliance (pt. refused recommendation)
☐ Prevented toxicity/side effects
☐ Improved Compliance

Created by SLS, modified by ADT.