

# Pharmacist's Intervention Documentation Form

Pharmacy Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Rx#/Tx# \_\_\_\_\_ Initials \_\_\_\_\_

## Patient information

**Gender**  
☐ Female ☐ Male ☐ Up to 2 ☐ 3 to 11 ☐ 12 to 17 ☐ 18 to 64 ☐ 65+

**Age**

## Prescription Problem (Check all that apply)

☐ Allergy ☐ Interaction ☐ Incomplete Rx ☐ Dose too high  
☐ Prior ADR ☐ Unnecessary Drug ☐ Duplication ☐ Dose too low  
☐ Contraindication ☐ Wrong Drug ☐ Excessive Duration ☐ Inconvenient Form  
☐ Other (please specify) \_\_\_\_\_

Drugs involved \_\_\_\_\_ Strength/Form \_\_\_\_\_ Directions \_\_\_\_\_ Quantity \_\_\_\_\_ \$ Cost (less fee) \_\_\_\_\_

## Define Prescription Problem

## Action Taken (Check all that apply)

☐ Discussion with Patient ☐ Discussion with Prescriber  
☐ Discussion with Patient Representative ☐ Drug Information Reference Consulted  
☐ Other (please specify) \_\_\_\_\_

## Recommendations (Check all that apply)

Change: ☐ Drug ☐ Increase ☐ Complete  
☐ Dose ☐ Decrease ☐ Clarify  
☐ Duration ☐ Stop/Hold  
☐ Form/Route ☐ Add  
☐ Schedule ☐ Other: ☐ (please specify) \_\_\_\_\_

## Results (Check all that apply)

Rx: ☐ Dispensed as Written ☐ Clarified & Dispensed  
☐ Not Dispensed ☐ Changed & Dispensed  
Patient: ☐ Counselling ☐ Written Information Given to Patient  
Others: ☐ Improved Compliance ☐ Increased Therapeutic Effectiveness  
☐ Improved Monitoring of Therapy ☐ Prevent Toxicity/Side Effect  
☐ Therapeutic Cross-Selection ☐ Dosage Form Cross-Selection (S.R. to Generic)  
☐ Reduced cost by \$ \_\_\_\_\_

Drugs (if changed) \_\_\_\_\_ Strength/Form \_\_\_\_\_ Directions \_\_\_\_\_ Quantity \_\_\_\_\_ \$ Cost (less fee) \_\_\_\_\_

## Notes on Solution to Problem/Patient Outcome

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_