DRUG INFORMATION DOCUMENTATION FORM
(Model Form)

Enquiry No:	Date:
Name of the Requester:	
Requester identity:	☐ Patient ☐ Pharmacist ☐ Physician ☐ Nurse ☐ Others (specify)_____
Response needed in	☐ Within 2 hours ☐ 2-6 hours ☐ End of day ☐ When time permits
Phone Number	
E-mail ID	

Details of Enquiry:

Question category: (Tick whichever applies)

[ ] Admin & Dosage	[ ] Availability & Supply	[ ] Therapeutics
[ ] Pregnancy	[ ] Lactation	[ ] Side Effects/ADR
[ ] Interactions	[ ] Compatibility / Stability	[ ] Pharmacokinetics
[ ] Pharmacology	[ ] Identification	[ ] Poisoning
[ ] Others (specify)		

Mode of Request: ☐ Direct access ☐ E-mail ☐ During Ward Rounds ☐ Telephone

Time taken to address the query:

☐ Immediate ☐ Same day ☐ Next day ☐ Within a Week ☐ No time limit

References: (Tick whichever applies)

[ ] AHFS	[ ] G & G	[ ] Martindale	[ ] Facts & Comparisons
[ ] USP DI	[ ] Harrisons	[ ] Merck Manual	[ ] Pharmacotherapy
[ ] Reference Books	[ ] IDIS	[ ] Poisindex	[ ] Micromedex
[ ] Medline	[ ] IPA	[ ] Others	[ ] Web

(specify) _____

Purpose of enquiry: ☐ Update Knowledge ☐ Better Patient Care ☐ Other

Patient Background Information: Name (optional)		IP No:
Age: Sex :	Weight : Height :	Ward:
Current Medical Problem / Diagnosis		
Allergies	Relevant Lab values	
Past Medical History		
Past Medication History		

Current Drug Therapy	
If Pregnant ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester If Brest feeding, Age of the infant:	
Other details:	
Response given on Date: Time:	
Responded by	
Answer communicated by: ☐ Visit ☐ Phone ☐ Post ☐ Fax ☐ E-mail	
Response: *(Attach additional sheets if necessary)*	