

Appendix J - Medication Review – Diabetes (All ages)

Patient Information	
<i>Last Name</i>	<i>First Name & Initial</i>
<i>Gender</i>	<i>Date of Birth (yyyy-mm-dd)</i>
<i>MCP Number:</i> _____	

Known Medication Allergies/Reactions	
<i>Drug Name</i>	<i>Reaction</i>
<i>Drug Name</i>	<i>Reaction</i>
<i>Drug Name</i>	<i>Reaction</i>

Family Physician Information			
<div style="display: flex; justify-content: space-between;"> _____ Yes No </div>		<div style="display: flex; justify-content: space-between;"> _____ _____ </div>	
<i>Name</i>	<i>Phone Number</i>	<i>Fax Number</i>	<i>Contacted</i>

Patient Consent Information
<input type="checkbox"/> Consent Given by Patient
<input type="checkbox"/> Consent Given by Patient Representative (name): _____

Medical Conditions/Lifestyle
<i>List all known medical conditions:</i> _____
<i>Patient Use of Tobacco Products</i>
<i>Patient Use of Alcohol</i>
<i>Patient Physical Activity</i>

Best Possible Medication List (Including Rx, OTC and Natural Products)			
Drug Name	Dosage	Reason for Use	Comments / Special Instructions

Add additional pages, if necessary

Diabetes Monitoring

With which type of Diabetes is the patient diagnosed? ☐ Type 1 ☐ Type 2 At what age was the patient diagnosed with diabetes?

Does the patient check his/her blood sugar on a regular basis? ☐ Yes ☐ No If Yes, at what usual interval (i.e. TID, HS): What was the patient's last known:

Blood Glucose Level: _____

HbA1C Level: _____

Blood Pressure Reading: _____

LDL-C Level: _____

TC/HDL-C Level: _____

Pharmacist Notes / Recommendations re: Diabetes Monitoring:

Additional Counselling (if determined necessary)

In addition to preparing the Best Possible Medication List and discussing the patient's monitoring of their diabetes, the pharmacist also performed the following activities:

- ☐ Discussed the importance of monitoring blood glucose levels –both daily as well as quarterly A1C testing, if applicable.
- ☐ Discussed the potential eventual need to add insulin therapy, if appropriate.
- ☐ Discussed the benefits of healthy eating and regular physical activity.
- ☐ Discussed the importance of preventative strategies such as proper foot care and regular eye exams.
- ☐ Referred patient to www.diabetes.ca or provided additional educational resources.
- ☐ Performed / reviewed blood glucose monitor training including the proper disposal of testing supplies. ☐ Additional Activities:

Pharmacy Information (or pharmacy stamp)

Pharmacy Name, Address & NLPDP Provider Number:

Phone Number

Fax Number

Patient (or Representative) Signature

Pharmacist Name & Signature

Date Prepared

Pharmacist Assessment, Recommendations, Comments

Appendix J - Medication Review – Chronic Illness (over 65 years)

Patient Information	
<i>Last Name</i>	<i>First Name & Initial</i>
<i>Gender</i>	<i>Date of Birth (yyyy-mm-dd)</i>
<i>MCP Number:</i> _____	

Known Medication Allergies/Reactions	
<i>Drug Name</i>	<i>Reaction</i>
<i>Drug Name</i>	<i>Reaction</i>
<i>Drug Name</i>	<i>Reaction</i>

Family Physician Information		
<i>Name</i>	<i>Phone Number</i>	<i>Fax Number</i>

Medical Conditions/Lifestyle	
<i>List all known medical conditions:</i>	
<i>Patient Use of Tobacco Products</i>	
<i>Patient Use of Alcohol</i>	
<i>Patient Physical Activity</i>	

Patient Consent Information	
<input type="checkbox"/> Consent Given by Patient	
<input type="checkbox"/> Consent Given by Patient Representative (name):	

Best Possible Medication List (Including Rx, OTC and Natural Products)			
Drug Name	Dosage	Reason for Use	Comments / Special Instructions

Add additional pages, if necessary

Notes:

Pharmacy Information (or pharmacy stamp)
Pharmacy Name & Address:
Phone Number
Fax Number

Patient (or Representative) Signature

Pharmacist Name & Signature

Date Prepared

Pharmacist Assessment, Recommendations, Comments