

**SaferMedsNL Follow-up Consultation Audit Form**

**Patient Name: Patient MCP Number: Patient Phone Number: Drug/Dose:**

Completion of the following is only required if a follow-up consultation is conducted as per the SaferMedsNL Policy and must be kept on file for audit purposes.

# Follow- Up Consultation:

Assess whether the patient has stopped taking their drug(s), reduced the dose, or changed to an alternate drug as instructed by his/her prescriber

Review effectiveness of the changes made to the patient's therapy

Troubleshoot withdrawal events and/or adverse effects and offer management strategies if appropriate

Reinforce the importance of discontinuing the drug long term Address any questions or concerns from the patient and/or caregiver Refer the patient to their prescriber if clinically necessary

OR

Pharmacist-led follow-up conversation with patient, independent of physician response or change in prescription. The purpose of this follow-up is to further discuss possibility of deprescribing. **This pharmacist led follow –up must be conducted at least 30 days after the initial consultation.**

**Follow up consultation completed by: Date:**

