|  |  |
| --- | --- |
| 1. Patient Information | 2. Prescriber Information |
| Surname      | Given Name      | Name      | License Number      |
| Date of Birth      | Health Card Number      | Office Telephone      | Office Fax Number      |
| 3. Allergies and Reactions | **5. Signs and Symptoms of Infection** |
|       |       |
| 4. Other Relevant Information |
| [ ]  Pregnant [ ]  Breastfeeding [ ]  Renal Failure [ ]  Hepatic Failure [ ]  IV Line [ ]  Urinary Catheter  | [ ]  Feeding Tube[ ]  Surgery[ ]  Ostomy[ ]  Wound Care[ ]  Other:       |
| 6. Microbiological Tests Ordered | **7. Microbiological Culture and Sensitivity Results**  |
| [ ]  Wound Swab [ ]  Throat [ ]  Sputum [ ]  Urine [ ]  Blood [ ]  N/A [ ]  Other:      Date Ordered:       | **Date Results Received:**  |
| 8. Antibiotic Prescription Details  |
|       |
| 9. Antibiogram Notes |
|       |
| 10. Categorization of the Drug Therapy Problem (DTP) to support a Pharmaceutical Opinion |
| [ ]  Therapeutic duplication; drug may not be necessary[ ]  Requires drug; patient needs additional drug therapy[ ]  Sub-optimal response to a drug; drug is not working as well as needed[ ]  Dosage is too low[ ]  Adverse drug reaction; possibly due to allergy, interaction, side effect | [ ]  Dangerously high dose or accidental or purposeful overdosing[ ]  Non-compliance; patient is refusing to take drug or taking it improperly[ ]  Prescription has been confirmed false or has been altered[ ]  Other:      [ ]  Not applicable |
| 11. Pharmacist Action Plan and Recommendation |
|       |
| 12. Pharmaceutical Opinion Outcome – Pharmacy Use Only | **13. Supporting Resources** |
| [ ]  Prescription not filled as prescribed – PIN 93899991[ ]  No change; prescription filled as prescribed – PIN 93899992[ ]  Change(s) made; prescription filled with changes – PIN 93899993Cross Referenced Rx/Tx Number or MedsCheck:       | The following document(s) were used to support this recommendation. |
| Pharmacist Name:      Signature:       | **Date:**  |