|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 93899993  Cross Referenced Rx/Tx Number or MedsCheck: | | | The following document(s) were used to support this recommendation. | |
| Pharmacist Name:       Signature: | | | **Date:** | |