

INITIAL PATIENT REGISTRATION INTERVIEW

MedsCheck and Diabetes MedsCheck

INITIAL PATIENT REGISTRATION INTERVIEW FORM

Patient Details

Patient Medicare/DVA number

Patient Date of Birth

Patient Gender

- Male Female
 Intersex or indeterminate Other

Where is the patient currently living?

- Private residence
 Independent living unit within a retirement village
 Supported accommodation or supported living
 Institutional setting, including Aged Care and psychiatric/mental health community care facilities
 Other

Patient residential postcode

Is English the primary language spoken at home?

- Yes No

Does the patient identify as Aboriginal or Torres Strait Islander?

- Yes No

Service Details

Date of Service provision

Number of prescription medicines patient is using

Number of non-prescription medicines patient is using

Reason for MedsCheck Service
(can select more than one)

- Recent significant medical event
 To identify problems the consumer may be experiencing
 To help the consumer learn more about their medicines
 To improve the effective use of medicines by consumer
 To educate the consumer about how to best use and store their medicines
 Consumer is taking medications with a high risk of adverse event

What health condition is the consumer taking medications for?
(can select more than one)

- | | |
|---|--|
| <input type="checkbox"/> CVD (including anticoagulants) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Mental Health issue |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Respiratory disorders |
| <input type="checkbox"/> Alimentary tract | <input type="checkbox"/> Other |

Outcome of MedsCheck Service
(can select more than one)

- Recommendation of no change in medications
- Recommendation to increase dose and/or number of medicines
- Recommendation to decrease dose and/or number of medicines
- Increase in knowledge about importance of their medicine regime
- Increase in knowledge about importance of medicine adherence
- Other

Actions taken by pharmacist as a result of the MedsCheck
(can select more than one)

- Action plan developed and provided to consumer
- Action plan developed and provided to consumer's GP
- GP verbally consulted about the consumer
- Referred to GP significant issues identified
- Other

In the last six months, did the patient go to the GP or hospital because of problems with their medicines?

- Yes No

Does the patient have support with managing medicines?

- Minimal (e.g. living alone)
- Occasional assistance (e.g. living alone with periodic help)
- Routine assistance (e.g. regular carer)
- Complete assistance (assistance with preparation and taking of medicines)

What is consumer's average MedsIndex score?

Patient Consent

Signed Written consent for service provision
(as per Patient Information and Consent form)

- Yes No

Signed Written patient consent for provision of evaluation data
(as per Patient Information and Consent form)

- Yes No

Please ensure that a Patient Medication Profile is also prepared to be submitted with this claim.