## OTC Intervention Record Form

### Patient Demographics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>NSAIDs Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 21</td>
<td>Aged 65-80</td>
</tr>
<tr>
<td>Aged 21-65</td>
<td>Over 80</td>
</tr>
</tbody>
</table>

### Medical Condition

- Stomach Problems
- Heart Disease
- High Blood Pressure

### Gender

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

### Served by

- Pharmacist
- Pharmacy Assistant
- Both

### Request Type (Product- or symptom-based): Taking other medications?

- Asked? Answer?
  - Warfarin/Anticoagulants
  - Stomach Ulcer Medications

### Schedule:

- Time taken to complete intervention (mins):

### Product Requested: (for product-based request)

- Prescriptions NSAIDs
- Lithium
- ACEI or AIIRB
- SSRI

### Symptoms: (for symptom-based request)

- Additional details of the intervention:

### Questions Asked:

- Who is the patient?
- What are the symptoms?
- How long have they had the symptoms?
- Has anything else been tried?
- Was the product effective?
- Does the patient take any other medication?
- Other medical conditions/allergies?

### Product Sold:

- No Product Sold

### Additional details of the intervention:

- Recorded by pharmacist? Yes No
- Time taken to complete intervention (mins):