

MedsCheck and Diabetes MedsCheck consumer report template

Consumer details				
Medicare or DVA number				
Name		Date of birth		
Address				
Contact number		Email address		
Pharmacy details		Usual GP details		
Name		Name		
Address		Address		
Contact number		Contact number		
Email address		Email address		
Pharmacist details		Carer details		
Name		Name		
		Contact number		
Medicines list (see next page)		Allergies and adverse reactions		
Action plan <ul style="list-style-type: none"> List the issues identified during the interview List the outcomes agreed to with the consumer including actions/recommendations to the consumer's GP and/or other healthcare provider(s) 				
Issue	Outcome/Recommendation (e.g. referred to GP/Educator/Specialist/HMR)	For consideration (tick to indicate responsibility)		Review date
		Consumer	<input type="checkbox"/>	
		Pharmacist	<input type="checkbox"/>	
		Consumer's GP	<input type="checkbox"/>	
		Other healthcare provider	<input type="checkbox"/>	
		Consumer	<input type="checkbox"/>	
		Pharmacist	<input type="checkbox"/>	
		Consumer's GP	<input type="checkbox"/>	
		Other healthcare provider	<input type="checkbox"/>	
		Consumer	<input type="checkbox"/>	
		Pharmacist	<input type="checkbox"/>	
		Consumer's GP	<input type="checkbox"/>	
		Other healthcare provider	<input type="checkbox"/>	

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Medicines list						
Include details of all current, regular (taken on an ongoing basis) and 'prn' (taken when necessary) medicines including prescription, non-prescription and complementary medicines						
Consumer name				Contact number		
Address						
Pharmacy name				Contact number		
Address						
Active ingredient	Brand, strength, form	Prescribed by whom	Duration of therapy	Frequency of administration	What is the indication/use?	Special instructions