

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **AMBULATORY CARE** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Ambulatory Care PRCT 587 Case Presentation

Directions: While on your rotation select an interesting patient to review his/her medical record. Formally or informally, at the discretion of your preceptor, present the patient to your preceptor or other health care professionals. Describe the patient below using only de-identifiable information.

CC: (Question 1 of 10 - Mandatory)

PMH: (Question 2 of 10 - Mandatory)

SH: (Question 3 of 10 - Mandatory)

FH: (Question 4 of 10 - Mandatory)

ROS: (Question 5 of 10 - Mandatory)

VS: (Question 6 of 10 - Mandatory)

PE: (Question 7 of 10 - Mandatory)

Labs: (Question 8 of 10 - Mandatory)

Dx: (Question 9 of 10 - Mandatory)

Tx: (Question 10 of 10 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.