

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 Medication Reconciliation

Directions: Complete the medication reconciliation form below for a patient and then participate in this patient's interview. After the interview answer the questions below.

Patient medication allergies. (Question 1 of 12 - Mandatory)

Information received from: (Question 2 of 12 - Mandatory)

Patient Caregiver Other

If other, specify: (Question 3 of 12 - Mandatory)

Medication list is: (Question 4 of 12 - Mandatory)

Complete Incomplete Unavailable

Is the patient currently taking any medications? (Question 5 of 12 - Mandatory)

Yes No

List the prescription and non-prescription medications, herbals and vitamins the patient states he or she currently uses or takes. Be sure to include the product and strength, dose, route, frequency, indications/comments, prescribed amount, refills and whether they are stopping or continuing the medication. (Question 6 of 12 - Mandatory)

Are there any changes or additions to the current therapy? If there are changes be sure to include the new and changed medication and strength, dose, route, frequency, indications/comments and length of therapy. (Question 7 of 12 - Mandatory)

Were there any discrepancies between how the patient was taking his/her medicines versus how they should have been taking them? Was the patient adherent to each of his/her medications? (Question 8 of 12 - Mandatory)

How would these discrepancies or non-adherence positively or negatively affect the patient's outcomes? (Question 9 of 12 - Mandatory)

Are there any changes that you could make so the medication regimen is more patient-friendly? (Question 10 of 12 - Mandatory)

During the patient's interview, did you and your preceptor make any changes to the patient's medications? What was the rationale for making these changes? (Question 11 of 12 - Mandatory)

What did you learn about the patient (include HPI, PMH, SH, FM)? (Question 12 of 12 - 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.