

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY  
ADVANCED PHARMACY PRACTICE EXPERIENCES

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Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Rotation Type: **AMBULATORY CARE** Rotation #

Preceptor: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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**APPE Ambulatory Care PRCT 587 Patient Counseling**

Directions: Counsel at least 2 patients whose therapy changes during a clinic visit. Record information from one of the encounters below.

Patient's Gender (Question 1 of 5 - Mandatory)

Male Female

Patient's Age (Question 2 of 5 - Mandatory)

N/A <1 1-10 11-18 19-65 66-79 >79

Allergies: (Question 3 of 5 - Mandatory)

List the medications and complete dosing regimen for which you counseled. (Question 4 of 5 - Mandatory)

Describe the interaction, including suggestions on how you could improve your communication skills and how the patient responded. (Question 5 of 5 - 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.