

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **COMMUNITY** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Community PRCT 553 Patient Counseling

Directions: Counsel at least 5 patients who come to pick up a new or refill prescription. 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.