# Initial CMS Assessment

**Patient Name:**

---

**CHI:**

---

**Contact No:**

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## General health:

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## Medical conditions:

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## Allergies and sensitivities:

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## Diagnosed coeliac:

- [ ] Yes
- [ ] No
- [ ] Not recorded

### Patient factors: Dispositions

#### Compromised oral route of administration:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Physical impairment:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Visual impairment:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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### Patient factors: Organ function

#### Hepatic function:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Renal function:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Lung function:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Immune status:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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### Patient factors: Maternal

#### Pregnant:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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#### Breast feeding:

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Not recorded

**Notes:**

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### Complex dispensing patient

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient a complex dispensing patient?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Monitored dosage system required by pharmacist</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Monitored dosage system requested by prescriber / social services / hospital</td>
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<tr>
<td>Other adherence support required (e.g. MAR sheet)</td>
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<tr>
<td>Instalment dispensing requested by prescriber</td>
<td></td>
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<tr>
<td>Special monitoring and feedback required</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pharmaceutical care plan priority

<table>
<thead>
<tr>
<th>PCP Priority</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>

Initial assessment complete: [ ]

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### Care Risk Assessment

**Pharmaceutical care issues which affect the patient:**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
<th>Not Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care issue with the appropriateness of the medicine/s?</td>
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<tr>
<td>Care issue with the formulation of the medicine/s?</td>
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<tr>
<td>Care issue with the dosage and frequency of the medicine/s?</td>
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<tr>
<td>Care issue with the contraindications?</td>
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<tr>
<td>Drug interaction with one or more medicines?</td>
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<td></td>
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<tr>
<td>Side effect/s with one or more medicines?</td>
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<td></td>
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<tr>
<td>Problem/s with concordance?</td>
<td></td>
<td></td>
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<tr>
<td>Care issue in relation to polypharmacy?</td>
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<td></td>
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<tr>
<td>Pharmacokinetic risk factors?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacodynamic risk factors?</td>
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<td></td>
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<tr>
<td>Disease risk factor?</td>
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<tr>
<td>Taking one or more medicines with a narrow therapeutic range?</td>
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<tr>
<td>Taking one or more black triangle medicines?</td>
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<tr>
<td>Duplication of medication?</td>
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</tbody>
</table>

**Summary:**

Are there any pharmaceutical care issues of note? [ ]