

Initial CMS Assessment

Patient Name: _____

CHI: _____

Contact No: _____

General health:	<input type="text"/>
Medical conditions:	<input type="text"/>
Allergies and sensitivities:	<input type="text"/>
Diagnosed coeliac:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded

Patient factors : Dispositions

Compromised oral route of administration:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Physical impairment:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Visual impairment:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>

Patient factors : Organ function

Hepatic function:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Renal function:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Lung function:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Immune status:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>

Patient factors : Maternal

Pregnant:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>
Breast feeding:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not Recorded
Notes	<input type="text"/>

Complex dispensing patient

Is the patient a complex dispensing patient?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded
Monitored dosage system required by pharmacist	<input type="checkbox"/>
Monitored dosage system requested by prescriber / social services / hospital	<input type="checkbox"/>
Other adherence support required (e.g. MAR sheet)	<input type="checkbox"/>
Instalment dispensing requested by prescriber	<input type="checkbox"/>
Special monitoring and feedback required	<input type="checkbox"/>

Pharmaceutical care plan priority

PCP Priority:

Notes

Initial assessment complete:

Care Risk Assessment

Pharmaceutical care issues which affect the patient:

Care issue with the appropriateness of the medicine/s?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Care issue with the formulation of the medicine/s?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Care issue with the dosage and frequency of the medicine/s?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Care issue with the contraindications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Drug interaction with one or more medicines?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Side effect/s with one or more medicines?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Problem/s with concordance?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Care issue in relation to polypharmacy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Pharmacokinetic risk factors?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Pharmacodynamic risk factors?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Disease risk factor?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Taking one or more medicines with a narrow therapeutic range?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Taking one or more black triangle medicines?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
Duplication of medication?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>

Summary:

Are there any pharmaceutical care issues of note?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	<input type="text"/>
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