

Pharmacy Care Record

Risk Assessment Template

Care Risk Assessment
Pharmaceutical care issues which affect the patient:

Patient Name: _____
CHI: _____
Contact No: _____

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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