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| --- | --- |
| **1. Patient Information** | **2. Prescriber Information** |
| Surname      | Given Name      | Gender      | Name      | ID Number      |
| Date of Birth       | OHIP Number      | Version Code      | Office Telephone      | Facsimile      |
| Address      | Prescriber’s One-Mail Email Address (If available from presecriber)      |
| City      | Postal Code      | Telephone      |
| Other Relevant Information      | Date/Time of Transmission to Prescriber:      |
| **3. Categorization of the Drug-Related Problem (DRP)** |
| **Pharmacist: Please check one of the following:** [ ]  Therapeutic duplication drug may not be necessary [ ]  Patient needs additional drug therapy [ ]  Drug is not working as well as needed (sub-optimal response [ ]  Dose is too low [ ]  Adverse drug reaction due to allergy or conflict with another medication or food [ ]  Dangerously high dose prescribed or patient taking too much medication (either accidentally or deliberately [ ]  Non-compliance (refusing drug or not taking it properly [ ]  False or altered prescription has been confirmed |  | **Pharmacist: Please provide commentary on DRP where appropriate:**      |
| **Level of Urgency:** **[ ]  LOW [ ]  MED [ ]  HIGH** |
| **4. Pharmacist’s Recommendation on Current DRP** | **7. Copy of Original Prescription** |
|       | Pharmacist to affix a copy of the original Rx or previously filled Rx label here. If transmitting electronically please transcribe original prescription as originally issued by prescriber.      |
| Pharmacist Name:       |
| **5. Prescriber Review and Comments** |
| Prescriber Comments/Response:      |
| Prescriber Signature:       |
| **6. Pharmacist Action Plan & Discussion with Patient & Comments** |
|       |
| [ ]  Check here if prescriber authorization is verbal | **Pharmacy Use Only (Please check only one** Outcome Cross Referenced Rx/Tx Number:      [ ]  Rx not filled as prescribed (due to clinical issue or confirmed falsified Rx – PIN 93899991[ ]  No change to Rx; Rx filled as prescribed – PIN 93899992[ ]  Change to Rx – PIN 93899993 |
| Pharmacist Signature:       |
| OCP #:       | Date of Transaction:       |
| Insert Logo | Insert Address |