

PHARMACY PRACTICE GUIDE  
**Initial Assessment and Patient Counseling Visit**

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Patient Name: \_\_\_\_\_ Completed By: \_\_\_\_\_

**Key Assessment Questions:**

- What have you been told about your treatment plan?
  - How were you told to take the medication?
  - If there is a break between cycles, when were you told to stop taking the medication and for how long?
- What other medications or pills do you take? (BPMH, including OTCs, NHPs and Rxs filled in other pharmacies)
  - Are there any significant interactions with other drugs, foods, NHPs, or OTCs? Use one or more of the on-line interaction checking programs to detect Drug-Drug Interactions.
- Are you able to swallow pills or tablets?
- Is it difficult for you to see/read the drug label or instructions?
- How easily can you open your other medicine bottles or packages?
  - For drugs dispensed in blister packaging: Do you understand how to open the medication cell for each day and time?
- Do you have any symptoms that would affect your ability to keep down the pills, for example nausea or vomiting?
- Do you have trouble taking other medications as instructed by your doctor? (Use Morisky Medication Adherence Questionnaire to assess adherence- page 2)- Adherence Score = \_\_\_\_\_
- Document in the patient file on your computer system

**Medication Counseling**

- Ask patient if they have a copy of the **Medication Info Sheet** ❶ from the clinic visit. If not, download and print a copy of the drug-specific Medication Info Sheet from [www.cancercare.ns.cs/stp](http://www.cancercare.ns.cs/stp).
- Review the **Medication Info Sheet** ❶ with the patient, in particular:
  - Symptoms to watch for adverse drug reactions
  - Measures for prevention adverse effects
  - You may also use the patient education material **Oral Systemic Therapy Patient Education: a Guide for Patients and Families** ❷ if the patient received this from the clinic nurse (or go to [www.cancercare.ns.cs/stp](http://www.cancercare.ns.cs/stp) and select Patient Education Resources)

**Oncology Team Contact and Communications**

- Ensure you have the contact information for the oncologist, the oncology nurse and the Oral Systemic Therapy Case Manager- copy the contact information is into the patient file on your computer system (for ease of future reference)

**Follow-Up Calls and Visits**

- Book a follow-up call or visit with the patient within the first week (see **First Follow-Up Call/Visit- Pharmacist Guide** ❷), or ensure that the patient will be called by another health care professional.
- Plan a second follow-up call with the patient after 2 or 3 weeks of treatment (see **Continuing Follow-Up Calls/Visits- Pharmacist Guide** ❷). This may be done when the patient returns for the next prescription fill.



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<b>Morisky Medication Adherence Questionnaire</b>	<b>Patient Answer (Yes/No)</b>	<b>Score Y=1; N=0</b>
Do you sometimes forget to take your medicine?	Yes	
People sometimes miss taking their medicines for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your medicine?	Yes	
Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it?	Yes	
When you travel or leave home, do you sometimes forget to bring along your medicine?	Yes	
Did you take all your medicines yesterday?	Yes	
When you feel like your symptoms are under control, do you sometimes stop taking your medicine?	Yes	
Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?	Yes	
How often do you have difficulty remembering to take all your medicine? <input type="checkbox"/> A. Never/rarely <input type="checkbox"/> B. Once in a while <input type="checkbox"/> C. Sometimes <input type="checkbox"/> D. Usually <input type="checkbox"/> E. All the time	Yes	A = 0; B-E = 1
Total score		
<b>Scores: &gt;2 = low adherence                      1 or 2 = medium adherence                      0 = high adherence</b>		

Fax this form to: \_\_\_\_\_ at Fax #: (902) \_\_\_\_\_