

Title: Pharmacy-Oral Adherence

Type: Clinical

Date: 00/00/0000 Time: 00:00

Patient Name and MRN

Contact Made with Patient within 3 Attempts: Yes or No

If No, Left Message: Yes or No

List RX Numbers: A Box for free text

Last Pick up Date: 00/00/0000

Next Refill Date: 00/00/0000

Medication(s) discussed: A Box for free text

Adherence: Yes, patient is taking as instructed no missed doses, or, No patient is not taking as instructed

Explanation of change in frequency or missed doses (if applicable): check boxes: Side effects, Cost, Transportation

Problems/Side Effects: check boxes: None, Arthralgia, Constipation, Diarrhea, Dyspepsia, Fatigue, Fever, Hand-Foot Syndrome, Nausea/Vomiting, Neuropathy, Pain, Rash, Shortness of Breath, Stomatitis/Mouth Sores and Other: with a free text box

Was the Provider or RN notified of problems/side effects? Yes, No, N/A

If yes Provider or RN's name: free text box

Additional Comments: free text box

Education provided: Yes or No

Suggested methods to encourage adherence: check boxes: Calendar checklist, Pill diaries, Patient and Family Education, Establishing routine, Pill boxes with multiple compartments, electronic reminders (alarms, smartphone apps, text message reminder)

Any New medications started: RX Yes or No, OTC Yes or No

New Medications started RX: free text box

New Medication started OTC: free text box

Time Spent: check boxes <10 minutes, 10-20 minutes, 20-30 minutes, 30-40 minutes, 40-50 minutes and 50-60 minutes