MAIN COMPONENTS FOR A COMPREHENSIVE FOR FOCUSED MEDICATION ASSESSMENT

Introduction
- Date, time
- Identification of pharmacy note
- Patient name
- Referring health care provider
- Brief description of reason for referral (e.g. who initiated consult and patient contact)

Heading or Summary of problems and solutions
- If multiple drug-related problems or issues have been identified a short summary of the main drug-related problems or issues identified and a brief statement of pharmacist recommendations can be included at the beginning of the note. Use of a box, bold or highlighted font may be useful.

Data or Findings
- Compilation of subjective and objective data and medication history (relevant/pertinent to the assessment)
- Chief compliant or patient concern
- Pertinent demographic information about the patient and chronological past medical history.
- Subjective (S): include patient complaints or concerns that are reported by the patient or by other health care providers and are based on subjective observations and experiences.
- Objective (O): data based on measurements or documented facts (e.g. vital signs, labs, diagnostic procedures, etc.)
  - Medical History
  - Medication History (e.g. current and past medications)
  - Compliance Assessment (if applicable)
  - Drug Allergies/Intolerances
  - Relevant family or social history (only if applicable)

Assessment
- A description of the actual or potential drug therapy problem(s)
- Supporting rationale or reasoning for drug therapy problem(s)
- Identification of goals or desired outcomes of therapy
- Brief discussion of therapeutic alternatives including relevant considerations (e.g. efficacy, precautions, drug interactions, side effects, cost and convenience) if appropriate.

Recommendation(s)
- Brief summary of solution focused recommendation to resolve the patient’s drug therapy problems
• Medication options are complete (e.g. drug, dose, frequency duration) and easy to implement

• Patient education provided for the medications or related issues

Plan
• What action you have taken (e.g. discussion with the patient, physician) or needs to be taken by the physician or by the patient
• Plan for monitoring (e.g. efficacy, side effects)
• Follow up that will be performed by yourself or another health care provider (e.g. what, when and who will be responsible)

Closing
• Closing statement (if appropriate)
• Signature, designation and contact information

References
• Citation and attachment of evidence selected (if appropriate)