

Pharmaceutical Care Plan – Patient Profile Template

Pharmacy: 9911 - Tay1
 User: TAY1 - Joe Smith
 Last login: Wed, Apr 16, 2014 09:06

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WHITE, Snow (Ms) Born 06-Jun-1966 (47y) Gender Female CHI No. 6655665566
 Patient Details Last Modified On 23-May-2014 By TAY1

Address Phone and email

Named pharmacist responsible for pharmaceutical care plan

Name: Additional Information (e.g. contact details):

Patient profile

General health:

Medical conditions:

Allergies and sensitivities:

Patient factors : Dispositions

Compromised oral route of administration: Yes No Not Applicable Not Recorded
 Notes

Physical impairment: Yes No Not Applicable Not Recorded
 Notes

Visual impairment: Yes No Not Applicable Not Recorded
 Notes

Patient factors : Organ function

Hepatic function: Yes No Not Applicable Not Recorded
 Notes

Renal function: Yes No Not Applicable Not Recorded
 Notes

Lung function: Yes No Not Applicable Not Recorded
 Notes

Immune status: Yes No Not Applicable Not Recorded
 Notes

Patient factors : Maternal

Pregnant: Yes No Not Applicable Not Recorded
 Notes

Breast feeding: Yes No Not Applicable Not Recorded
 Notes

Gluten-free

Diagnosed coeliac (historical) Yes No Not Recorded

Gluten-free diet

Number of units

Dietitian advised

Guideline units					
Child 1-3 years	10	Male 19-59 years	18	Female 19-74 years	14
Child 4-6 years	11	Male 60-74 years	16	Female 75+ years	12
Child 7-10 years	13	Male 75+ years	14	Breastfeeding	+4
Child 11-14 years	15			3rd trimester pregnancy	+1
Child 15-18 years	18				

Complex dispensing patient

Is the patient a complex dispensing patient? Yes No Not Recorded

Monitored dosage system required by pharmacist

Monitored dosage system requested by prescriber / social services / hospital

Other adherence support required (e.g. MAR sheet)

Instalment dispensing requested by prescriber

Special monitoring and feedback required

Pharmaceutical care plan priority

PCP Priority:

Notes

Initial assessment complete: