

# NHS Education for Scotland

## Patient Profile

### Patient Details

<b>Name:</b>	<b>Date of Birth:</b>
<b>Gender:</b>	<b>CHI Number:</b>
<b>Contact Details:</b>	<b>Address:</b>
	<b>Email address:</b>
	<b>Phone Number:</b>

### Patient Profile

<b>General Health:</b>
<b>Medical conditions:</b>
<b>Allergies and Sensitivities:</b>

### Patient Factors: Dispositions

Detail

<b>Compromised oral route of administration</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Physical impairment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Visual impairment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded

### Patient Factors: Organ Function

Detail

<b>Hepatic function impairment:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Renal function impairment:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Lung function impairment:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Immune status compromised:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded

### Patient Factors: Maternal

Detail

<b>Pregnant:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded
<b>Breastfeeding:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Recorded

### Pharmaceutical Care Plan Priority

Detail

<b>PCP Priority:</b>	<b>Low Priority</b> <input type="checkbox"/> <b>Medium Priority</b> <input type="checkbox"/> <b>High Priority</b> <input type="checkbox"/>
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## NHS Education for Scotland

### The Pharmaceutical Care Risk Assessment/Priority Profile Pharmaceutical care issues which affect the patient:

Detail

Care issues with the appropriateness of the medicine/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Care issue with the formulation of the medicine/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Care issue with the dosage and frequency of the medicine/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Care issue in relation to contraindications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Drug interaction with one or more medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Side effects with one or more medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Problems with concordance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Care issue in relation to polypharmacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Pharmacokinetic risk factors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Pharmacodynamic risk factors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Disease risk factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Taking one or more medicines with a narrow therapeutic range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Taking one or more black triangle medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Duplication of medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	
Summary: Are there any pharmaceutical care issues of note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Recorded	

#### Care Plan

Care issue	Desired Outcome	Action	Action by (Pharmacist, G.P., Patient)	Response