

# DOCUMENTATION FORM

To be completed by pharmacist.

<b>Patient Name:</b> _____	<b>Date of Birth:</b> ____ / ____ / ____	<b>Today's Date:</b> ____ / ____ / ____
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## SUBJECTIVE

\_\_\_\_\_

## OBJECTIVE

Blood Pressure Measurement(s): \_\_\_\_\_ / \_\_\_\_\_ mmHg \_\_\_\_\_ / \_\_\_\_\_ mmHg

Pregnancy Screen \_\_\_\_\_

Health History \_\_\_\_\_

Other (eg., pulse, weight) \_\_\_\_\_

## ASSESSMENT

\_\_\_\_\_

## PLAN / IMPLEMENT / FOLLOW-UP

Counseled on: Dosage, effectiveness, how to start/back up method, how to take, potential side effects, safety, recommended preventative health screenings, condoms to prevent STDs

**Patient Education Handouts Given:** \_\_\_\_\_

**Patient Referred For:**

- LARC evaluation/placement
- related preventative health screenings (cervical cancer, breast cancer, STD/HIV)
- primary preventative health screenings (blood pressure, diabetes)
- other: \_\_\_\_\_

**Prescription(s) Issued:** \_\_\_\_\_

**Medication Administered:** Med: \_\_\_\_\_ Site: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Pharmacist Name:</b> _____	<b>License Number:</b> _____
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**PCP Notified:**  yes, PCP/practice: \_\_\_\_\_  no, no PCP/referred  no, declined notified by:  phone  fax  email  mail date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_