

## INITIAL PATIENT REGISTRATION INTERVIEW FORM

### Patient Details

Patient Medicare/DVA number:

Patient Date of Birth:

Patient Gender:

- Male  
 Female  
 Intersex or indeterminate  
 Other

Where is the Patient currently living?

- Private residence  
 Independent living unit within a retirement village  
 Supported accommodation or supported living  
 Institutional setting, including Aged Care and psychiatric/mental health community care facilities  
 Other

Patient residential postcode:

Is English the primary language spoken at home?

Yes  No

Does the Patient identify as Aboriginal or Torres Strait Islander?

Yes  No

### Service Details

Date of Service provision

Number of prescription medicines Patient is using

Number of non-prescription medicines Patient is using

**MEDSCHECK AND DIABETES MEDSCHECK**

Reason for MedsCheck Service  
*(can select more than one)*

- Recent significant medical event
- To identify problems the consumer may be experiencing
- To help the consumer learn more about their medicines
- To improve the effective use of medicines by consumer
- To educate the consumer about how to best use and store their medicines
- Consumer is taking medications with a high risk of adverse event

What health condition is the consumer taking medications for?  
*(can select more than one)*

- |   |  |
|---|--|
| <input type="checkbox"/> CVD (including anticoagulants) | <input type="checkbox"/> Dementia            |
| <input type="checkbox"/> Respiratory disorders          | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Osteoporosis                   | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Pain                           | <input type="checkbox"/> Mental Health issue |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Alimentary tract    |
| <input type="checkbox"/> Parkinson's Disease            | <input type="checkbox"/> Other               |

Outcome of MedsCheck Service  
*(can select more than one)*

- Recommendation of no change in medications
- Recommendation to increase dose and/or number of medicines
- Recommendation to decrease dose and/or number of medicines
- Increase in knowledge about importance of their medicine regime
- Increase in knowledge about importance of medicine adherence
- Other

Actions taken by Pharmacist as a result of the MedsCheck  
*(can select more than one)*

- Action plan developed and provided to consumer
- Action plan developed and provided to consumer's GP
- GP verbally consulted about the consumer
- Referred to GP significant issues identified
- Other

In the last six months, did the Patient go to the GP or hospital because of problems with their medicines?  Yes  No



## MEDSCHECK AND DIABETES MEDSCHECK

Does the Patient have support with managing medicines?

- Minimal (e.g. living alone)
- Occasional assistance (e.g. living alone with periodic help)
- Routine assistance (e.g. regular carer)
- Complete assistance (assistance with preparing and taking medicines)

What is Patient's average MedsIndex score?

### Patient Consent

Signed Written consent for service provision  
(as per Patient Information and Consent form)

- Yes
- No

Signed Written Patient consent for provision of evaluation data  
(as per Patient Information and Consent form)

- Yes
- No

**Please ensure that a Patient Medication Profile is also prepared to be submitted with this claim.**



**CONTACT THE SUPPORT CENTRE:** 1800 951 285 | [support@ppaonline.com.au](mailto:support@ppaonline.com.au)