Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services
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Executive summary

These Guidelines provide pharmacists with best practice guidance for the delivery of medication adherence services: Dose Administration Aid (DAA) and Staged Supply and medication management services; MedsCheck and Diabetes MedsCheck and Home Medicines Review (HMR).

These are patient-centred clinical services delivered with the aim of improving patient health outcomes. They integrate with other patient-centred services to enhance a patient’s optimal use of medicines. Pharmacists can provide these services to any patient based on their clinical need.

Services provided to eligible patients can be remunerated under the Sixth Community Pharmacy Agreement (6CPA), if pharmacists adhere to the relevant program rules. A summary of these rules can be found throughout this document in the orange boxes. Pharmacists should use these guidelines in conjunction with program rules and resources at www.ppaonline.com.au.

The delivery of these services encourages pharmacists to work collaboratively with the patient and their carer, prescriber, and other relevant members of the healthcare team to enhance patient care.

Best practice for the delivery of these programs includes:
- establishing patient need
- obtaining patient consent
- ensuring patient safety
- promoting quality use of medicines.

These Guidelines do not replace the need for pharmacists to exercise professional discretion and judgement when delivering these programs in their own unique practice environment. These Guidelines do not include clinical information or detailed legislative requirements. At all times, pharmacists delivering these programs must comply with all relevant Commonwealth, State and Territory legislation, as well as to the overarching and program-specific standards, codes, and rules (see Figure 1).

Acknowledgements

The review of the Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services has been funded by the Australian Government Department of Health.

The work to update the Guidelines has involved review by experts, stakeholder feedback, and consensus of organisations and individuals involved.

The Pharmaceutical Society of Australia (PSA) thanks all those involved in the review process and, in particular, gratefully acknowledges the contribution of the following individuals and organisations.

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Figure 1. Overarching guidance and regulation of pharmacy service delivery

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Service overview

**MedsCheck and Diabetes MedsCheck services**

- **Identify need**
- **Obtain consent**
- **Reconcile medicines**
- **Counselling and Communication**
  - Communicate with patients
  - Communicate with prescribers
- **Documentation**
  - Collect patient data
  - Retain supporting documentation
- **Monitoring and follow up**
- **Quality assurance and evaluation**

**6CPA Program requirements**

- Determine patient eligibility
- Written consent required, see consent forms at www.ppaonline.com.au

**Appendices**
- Appendix 1 - Medication reconciliation
- Appendix 2 - Action plan template
- Appendix 3 - Medication profile template

**6-month follow up consultation and data collection**
Introduction

MedsCheck and Diabetes MedsChecks are structured and collaborative clinical pharmacy services that take place in the pharmacy to optimise the impact of medicines on patient health outcomes. These services involve a review of patient medicines, a face-to-face consultation between the pharmacist and patient, the development of a medication profile and an action plan and a follow up consultation.

MedsChecks focus on education and self-management and aim to identify medication-related problems (e.g. non-adherence), improve effective use of medicines and provide education about medicines, its best use and storage.

Diabetes MedsChecks focus on type 2 diabetes medicines management, use of monitoring devices, education and self-management. The aim of this service is to optimise patient use of medicines and monitoring devices, improve blood glucose control and reduce the risk of developing type 2 diabetes-associated complications.

During these services, pharmacists should refer patients to other appropriate clinical services such as Dose Administration Aid (DAA), staged supply, Home Medicines Review (HMR), or Residential Medication Management Review (RMMR) if identified as necessary for continuation of patient care (see Figure 2).
Terminology

For a number of terms used in these guidelines, several related terms with equivalent or similar meaning may be equally appropriate in certain contexts (see Table 1).

<table>
<thead>
<tr>
<th>GUIDELINE TERM</th>
<th>DEFINITION</th>
<th>EQUIVALENT OR RELATED TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence</td>
<td>A qualitative measure of the extent to which a patient’s behaviour corresponds with recommendations agreed with a healthcare professional, ideally through a concordant approach</td>
<td>Compliance, concordance</td>
</tr>
<tr>
<td>Carer</td>
<td>An individual who is responsible for, or taking part in, the provision of care for another person, through either a formal or informal arrangement</td>
<td>Agent, authorised representative, case worker, guardian</td>
</tr>
<tr>
<td>Dose administration aid (DAA)</td>
<td>A tamper-evident, well-sealed device or packaging system that allows for organising doses of medicine according to the time of administration</td>
<td>Blister pack, bubble pack, medicine sachet</td>
</tr>
<tr>
<td>Healthcare provider</td>
<td>A practitioner who provides services to individuals or communities to promote, maintain, monitor or restore health (such as a general practitioner, dentist, physiotherapist or case worker)</td>
<td>Health professional, healthcare practitioner, healthcare professional</td>
</tr>
<tr>
<td>High-risk medicine</td>
<td>A medicine that has the high potential for harm if not monitored and assessed at regular intervals e.g. warfarin, digoxin, cytotoxic agents, medicines associated with increased falls in the elderly due to drowsiness, postural hypotension, dizziness and medicines in delivery systems that cause adverse effects such as a skin reaction to patches</td>
<td>N/A</td>
</tr>
<tr>
<td>Informed patient consent</td>
<td>The patient agrees to a healthcare provider providing treatment and care after receiving understandable and clear information including the options, risks, benefits and purpose of the action</td>
<td>Consent</td>
</tr>
<tr>
<td>Medicine</td>
<td>A prescription, non-prescription, or complementary or alternative medicine</td>
<td>Drug, medication, product</td>
</tr>
<tr>
<td>Medication profile</td>
<td>A list of medicines that a patient is currently taking including prescription, non-prescription and complementary medicines</td>
<td>Medication list, medication record</td>
</tr>
<tr>
<td>MedsIndex</td>
<td>A score reflecting how closely patients adhere to their medication regimen</td>
<td>N/A</td>
</tr>
<tr>
<td>My Health Record</td>
<td>An electronic summary of a person’s health information maintained by the Australian Government</td>
<td>Digital health record, eHealth record</td>
</tr>
<tr>
<td>Patient</td>
<td>A person who uses or is a potential user of health services, including their family and carers</td>
<td>Client, consumer, individual, person</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>An individual holding provisional or general registration with the Pharmacy Board of Australia, as recorded on the online Register of practitioners on the Australian Health Practitioner Regulation Agency (AHPRA) website. A pharmacist holding provisional registration must be supervised by a pharmacist holding general registration at all times in the pharmacy</td>
<td>Intern, registered pharmacist</td>
</tr>
<tr>
<td>Prescriber</td>
<td>A healthcare provider who is responsible for patient care, specifically medicines</td>
<td>Doctor, general practitioner (GP), nurse practitioner, other approved prescribers, specialist</td>
</tr>
<tr>
<td>Recent significant event</td>
<td>A recent event or new diagnosis that has the potential to impact on the patient’s medication adherence or knowledge of their medicine regime and may increase the risk of medication misadventure</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Establishing the service

Policies and procedures

Pharmacists should establish policies and procedures to govern the provision of MedsCheck and Diabetes MedsCheck services. They must adhere to all legislative requirements, and meet relevant professional practice standards. See Standard 14: Medication Review in Professional Practice Standards, version 5. ¹

Policies and procedures should be systematically reviewed and updated as required as part of quality assurance and evaluation process. See Quality assurance and evaluation.

Consultation area

The pharmacy must have a screened area or separate room that is distinct from the general public area of the pharmacy. This will allow MedsCheck and Diabetes MedsCheck consultations to occur at normal speaking volumes without being overheard. ¹, ⁸

Box 1. Examples of patients who may benefit from a MedsCheck or Diabetes MedsCheck

- Patients experiencing difficulties with their medicines
- Patients with complex medication regimens
- Patients with recent changes to their medication regimens
- Patients with poor health literacy
- Patients accessing multiple prescribers
- Patients with chronic illnesses
- Patients with co-morbidities
- Patients who are non-adherent
- Patients with literacy/language barriers
- Patients with dexterity, vision or hearing problems
- Patients living alone or without access to social support
- Patients recently diagnosed with type 2 diabetes
- Patients with poor blood glucose control
- Patients unable to gain timely access to existing diabetes education/health services in their community

References: Blenkinsopp ⁹; Standards of practice ¹⁰

Training

All staff involved in providing these services must have training relevant to their role within the delivery of the services. Staff should understand their role and responsibilities as well as the policies and procedures used. ¹

Training and assessment through supervised practice, should be recorded (e.g. in a personal training record, or manual).

Patient privacy

Pharmacists must respect and safeguard patient privacy and confidentiality at all times, including in relation to any information acquired when providing MedsCheck or Diabetes MedsCheck services. This applies to interactions with the patient in the pharmacy, as well as the proper handling of healthcare records. ¹ Pharmacists must meet the relevant Professional Practice Standard (1.3 Privacy and Confidentiality) in the provision of a MedsCheck or Diabetes MedsCheck service.

Providing the service

Identify need

The need for a MedsCheck or Diabetes MedsCheck can be identified by a pharmacist, prescriber, patient/carer, or by another healthcare provider. It is the pharmacist who ultimately determines patient need for the service (see Box 1).

MedIndex ¹¹ or other adherence tools, including assessment of dispensing history, may be used to identify patients for MedsCheck or Diabetes MedsCheck services. The need for a MedsCheck service may also be identified when a patient begins on a dose administration aid (DAA) to facilitate the medication reconciliation process.

6CPA Patient eligibility criteria

Under 6CPA MedsCheck and Diabetes MedsCheck programs, pharmacies may be funded for providing the service to eligible patients. Patients who are ineligible under these programs but who may benefit from a MedsCheck and Diabetes MedsCheck can still be offered the service.
Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services

**Consent**

Informed patient consent must be obtained and documented prior to providing any MedsCheck or Diabetes MedsCheck service. This must be recorded in the patient’s records.1

**Medication reconciliation**

As part of a MedsCheck and Diabetes MedsCheck service, pharmacists must reconcile the patient’s medicines to obtain an accurate medication profile that includes all prescription, non-prescription and complementary and alternative medicines (see Box 2).1

**Box 2. MedsCheck or Diabetes MedsCheck medication profile**

- Brand name*
- Generic name*
- Form*
- Strength*
- Dose and dosage regimen*
- Indication and special instructions
- Dates started/duration
- Prescriber

*Required under 6CPA program rules

The medication profile should be confirmed with the prescriber, who should then be given a copy. The patient should also be provided with the medication profile.

Pharmacists should use information from the patient’s My Health Record where available, to inform the reconciliation process.1 See Appendix 1 - Medication reconciliation for further information.

**Consultation**

It is essential that at the time of the consultation, the pharmacist conducting the consultation is not responsible for dispensing or undertaking other professional duties.

**Initial consultation**

During the MedsCheck and Diabetes MedsCheck consultation, the pharmacist must engage with the patient in a two-way discussion to obtain and verify all necessary medication information (see Box 3).
Box 3. MedsCheck and Diabetes MedsCheck consultation process

During the MedsCheck consultation:
• Ask the patient about their concerns and beliefs about their medicines
• Assess use of medication delivery and monitoring devices
• Attempt to resolve any identified medicine-related issues
• Discuss management of chronic condition(s)
• Discuss lifestyle factors that may impact on medication use and their health status e.g. smoking, drinking alcohol
• Discuss any difficulties in ordering, obtaining, taking, using and storing medicines
• Discuss the dosage form of medicines the patient is taking and consider if a change to another form would benefit medicine taking (e.g. from tablets to a liquid)
• Provide education and guidance on the correct use of medication delivery and monitoring devices
• Create a medication profile
• Develop an action plan detailing the outcomes and follow up recommendations
• Give the patient education information to support their understanding and use of medicines e.g. written patient information leaflets

Additionally, during the Diabetes MedsCheck consultation:
• Review clinical measurements such as blood glucose levels (BGL), HbA1C (if available)
• Review the patient’s use of blood glucose monitor
• Discuss the risk factors associated with poorly controlled diabetes
• Discuss changes to lifestyle that will help the patient control their diabetes and improve their overall health

References: PPS; 6CPA Program Rules

Documentation
Pharmacists must develop an action plan and create a medication profile during the consultation (see Box 4).

Box 4. MedsCheck and Diabetes MedsCheck action plan and medication profile

Action plan
The action plan must be developed with the patient. It includes agreed patient goals, any recommended follow-up actions and the person responsible for these actions such as the patient, pharmacist, prescriber, or another healthcare provider(s). Follow-up actions should be designed to help the patient achieve their health goals. A copy of the action plan should be given to the patient, and all people who have responsibility for an identified action. The pharmacist must also retain a copy.

See Appendix 2 - Action plan template

Medication profile
A medication profile must be provided to the patient listing all their current medicines. A copy must be given to the patient and a copy retained by the pharmacist.

See Appendix 3 – Medication profile template

Reference: PPS

If possible (i.e. software permitting), pharmacists should upload this documentation to the patient’s My Health Record as an event summary. See www.digitalhealth.gov.au/using-the-my-health-record-system/how-to-use-the-my-health-record-system/uploading-an-event-summary.

Pharmacists should store all supporting documentation for audit purposes. See Quality Assurance and evaluation.

For services claimed under 6CPA programs, additional documentation is required.

6CPA MedsCheck or Diabetes MedsCheck Program supporting documentation

The following information must be retained for seven (7) years:
• Section 90 number at the time of the provision of the service
• Pharmacy accreditation ID at the time of the provision of the service
• Copy of the patient consent form, where relevant
• Patient’s name and address
• Patient’s Medicare/DVA card number
• How the patient has satisfied all eligibility criteria
• List of all prescription and non-prescription medicines the patient is taking at the time when the MedsCheck, Diabetes MedsCheck or follow-up service is provided
• Date of patient consultation for the MedsCheck, Diabetes MedsCheck or follow up service
• A copy of the action plan developed as a result of the service

Reference: 6CPA Program Rules

At the conclusion of the consultation, the pharmacist and patient must agree to any follow-up actions and who is responsible. A date should be agreed upon for a follow-up discussion to review the patient’s progress. See Monitoring and follow up.

6-month follow up consultation
For services funded under 6CPA, pharmacists are required to engage the patient in a follow-up consultation 6 months after the initial review. See Monitoring and follow up.
Communication

Communication with patient
Pharmacists should reassure patients that the MedsCheck and Diabetes MedsCheck consultation is a review of their medicines with a focus on education and helping them to better manage their medicines. To facilitate patient engagement, pharmacists should provide the opportunity for patients to freely discuss their use of medicines including any difficulties or possible adverse effects. If the patient is reluctant, the pharmacist may use open-ended questioning to facilitate a patient response.

When determining goals and outcomes of the service, the pharmacist and patient should use an effective goal-setting strategy to ensure the outcomes and recommendations are specific, measurable, achievable, relevant and time-related. See Box 5: Smart framework for goal setting.

<table>
<thead>
<tr>
<th>Box 5. Smart framework for goal setting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action plan</strong></td>
</tr>
<tr>
<td>• <strong>Specific</strong> - a goal that is simple and focused e.g. for the goal of increased exercise, agree on a specific exercise plan rather than simply stating ‘exercise’</td>
</tr>
<tr>
<td>• <strong>Measureable</strong> - ensure the goals have measurable outcomes e.g. increase exercise to 30 minutes of walking per day, weight reduction of 1 kg in a month</td>
</tr>
<tr>
<td>• <strong>Achievable</strong> - ensure the goal is something the patient has the ability to do</td>
</tr>
<tr>
<td>• <strong>Realistic</strong> - ensure the goals are within the patient’s capabilities and identify any possible problems or barriers to achieving these goals</td>
</tr>
<tr>
<td>• <strong>Timely</strong> - provide a time frame or a defined date and time for achieving the goal</td>
</tr>
</tbody>
</table>

Reference: Smart goals

Pharmacists should also provide written medication and disease-state information that is appropriate based on the patient’s health literacy.

Communication with prescribers
Pharmacists should communicate with the prescriber or other healthcare providers, with the patient’s consent, if any actions identified require their input or if a need for additional services such as a HMR or DAA is identified during the consultation.

To ensure continuity of patient care, a copy of the action plan should be provided to the patient’s prescriber. Any communication between the pharmacist and prescriber or other healthcare providers should be recorded.

Monitoring and follow up
Pharmacists must monitor the progress of actions identified and agreed upon in the action plan. Clearly defined follow-up actions, and who is responsible for the action, are vital to maintain patient continuity of care. The pharmacist and the patient should agree on a follow-up consultation date to review progress, reinforce advice and provide ongoing support and guidance.

Services funded under the 6CPA MedsCheck or Diabetes MedsCheck Program include a formal 6-month follow up consultation to enable pharmacists to monitor patient health outcomes. See Data collection.

Data collection
From 1 February 2018, MedsCheck and Diabetes MedsCheck services that are funded under 6CPA require the collection of patient data, providing the patient consents, at the initial consultation and at the 6-month follow up consultation to monitor patient healthcare outcomes.

Pharmacists should consider collecting data for all MedsCheck and Diabetes MedsCheck patients to inform quality assurance and service evaluation.
6CPA MedsCheck and Diabetes MedsCheck Program Data collection

After obtaining patient consent, the following data must be collected for all 6CPA-funded MedsCheck and Diabetes MedsCheck patients

At initial MedsCheck or Diabetes MedsCheck consultation
- Date of MedsCheck or Diabetes MedsCheck Services
- Patient’s Medicare Number or Department of Veterans’ Affairs file number
- Reason for MedsCheck or Diabetes MedsCheck service
- Where is the patient currently living? (i.e. residential status)
- Total number of prescription and non-prescription medicine medicines
- Date of birth
- Patient’s postcode of residence
- Patient’s gender
- Is English the patient’s primary language at home?
- Does the patient identify as Aboriginal and/or Torres Strait Islander?
- What health conditions/co-morbidities is the patient taking medicines for?
- Outcome of the MedsCheck or Diabetes MedsCheck service
- Actions taken by pharmacists as a result of the MedsCheck or Diabetes MedsCheck
- In the last six months, did the patient go to the GP, or hospital, because of problems with his/her medicine?
- Does the patient have support with managing medicines?
- What is the patient’s average MedsIndex score?

At 6-month follow up consultation
- Date of follow up service
- Outcome of the MedsCheck or Diabetes MedsCheck follow up consultation
- Actions taken by pharmacists as a result of the MedsCheck or Diabetes MedsCheck follow up
- In the last six months, did the patient go to the GP, or hospital, because of problems with his/her medicine?
- What is the patient’s MedsIndex score?

Reference: 6CPA Program Rules

Quality assurance and evaluation

To ensure that a MedsCheck and Diabetes MedsCheck service meets the safety and quality requirements of professional practice, pharmacists should introduce procedures for quality control, quality assurance and monitoring of service provision. Audits should be carried out prior to the commencement of a MedsCheck and Diabetes MedsCheck service and at 6-monthly intervals. Professional Practice Standard 14: Medication Review should be used as a tool for self-assessment. The performance and results should be recorded together with any action taken, and the resulting outcome. Any changes should be reflected in updated policies and procedures.

Health outcome data collected from patients receiving MedsCheck and Diabetes MedsCheck services can be used to inform quality assurance and service evaluation. It can also help identify patients suitable for additional services and enhance overall patient care.
Appendix 1 - Medication reconciliation

Medication reconciliation is a formal process of verifying a patient’s medicines to obtain a complete and accurate list of their current medicines. Medication reconciliation can identify medication errors occurring from incomplete or miscommunicated information, especially at points of transition of care; more than 50% of medication errors occur at transitions of care. Errors that can occur include transcription, omission, duplication of therapy, and drug-drug and drug-disease interactions.

Reconciling a patient’s medicines is essential to ensure a patient’s medication profile contains accurate information; a vital component of medication adherence and management.

As part of the reconciliation process, pharmacists should take the best possible medication history by:

- reviewing relevant patient information such as age, and cognitive state and considering what impact these may have on obtaining reliable information and if a carer or family member should be present
- asking the patient about any previous adverse medication events or allergies
- asking the patient to bring all current medicines including prescription, non-prescription and complementary and alternative products to the consultation
- asking the patient to bring all their prescriptions and repeat prescriptions, if not already retained by the pharmacy to the consultation
- assessing the patient’s understanding of rationale for treatment, attitude and adherence to prescribed treatment.

Pharmacists should try to confirm the accuracy of the medication history with the prescriber or a recent hospital discharge summary. Pharmacists should access the patient’s My Health Record, if available, for information such as the shared health summary, dispense records and discharge summaries to help in developing the medication profile.

After reconciling a patient’s medicines, an accurate medication profile can be prepared including name of medicine, dose (strength, dose form, frequency and route) and details of allergies and adverse reactions.

Pharmacists should inform the prescriber of any discrepancies in the list and document any changes in the profile.

The medication profile should be provided to the patient and the prescriber.

If possible (i.e. software permitting), pharmacists should upload this documentation to the patient’s My Health Record as an event summary. See www.digitalhealth.gov.au/using-the-my-health-record-system/how-to-use-the-my-health-record-system/updating-an-event-summary
## Appendix 2 - Action plan template

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all issues identified, agreed patient goals, follow-up actions and who is responsible for these actions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Date of birth</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Pharmacist name</th>
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<table>
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<tr>
<th>GP name</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of other healthcare providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Agreed patient goals</th>
<th>Follow-up actions</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. non-adherence</td>
<td>e.g. adherence</td>
<td>e.g. commence DAA</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient’s GP</td>
</tr>
<tr>
<td>e.g. overweight</td>
<td>e.g. weight loss</td>
<td>e.g. 30 minutes walking per day</td>
<td>Patient</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Patient’s GP</td>
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## Appendix 3 - Medication profile template

<table>
<thead>
<tr>
<th>Medication profile</th>
<th>Start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceased medicines</td>
<td>Allergies</td>
</tr>
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<table>
<thead>
<tr>
<th>Patient name</th>
</tr>
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<tbody>
<tr>
<td>Pharmacy name</td>
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<tr>
<td>Prescriber</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Generic name</th>
<th>Form</th>
<th>Strength</th>
<th>Dose and dosage regimen</th>
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<th>Special instructions</th>
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References
