





















## DOSE ADMINISTRATION AIDS

- r. Number of DAA packs packed per week?
- s. Frequency of Collection
- t. How will the Patient mainly obtain the DAA?
- u. What is the Patient's average MedsIndex score?
- v. In the last six months, did the Patient go to their GP, or hospital, because of problems with their medicine?
- w. Was the Patient using a DAA prior to this visit?
- x. Type of DAA packed by Pharmacy?

### **3. To be collected at 6 Month FOLLOW-UP CONTACT with CONSUMER (at ceasing of DAA service):**

- a. Date of follow-up service
- b. Total number of prescription medicines
- c. Total number of non-prescription medicines
- d. How many times have there been changes to the DAA in the previous six months?
- e. What was the reason for the change?
- f. During the past six months, what are your observations of the Patient's medicine use?
- g. What activities have been undertaken by the Pharmacy to support the DAA service?
- h. What is the Patient's average MedsIndex score?
- i. In the last six months, did the Patient go to their GP, or hospital, because of problems with their medicine?
- j. Is continuation of the DAA services recommended for this Patient?
- k. If the DAA services is not recommended for continuation, what is the reason?

### **4. Medication Profile for Patient at time of FIRST & FOLLOW-UP Contact with PATIENT**

- a. Brand name
- b. Generic Name
- c. Strength
- d. Dose and dosage regimen.

### **5. In order to claim the fees outlined in clause 5, all data collected at paragraphs 1, 2, 3 and 4 above must be provided to the Pharmacy Programs Administrator.**

Forms to aid with the collection of this information are available [here](#).