

النشاط الأول: استمارة توثيق الاستشارة للمعالجة بالأدوية التي تصرف بدون وصفة طبية

Nonprescription Medication Consultation Documentation Form

اسم الطالب: _____ التاريخ: _____

اسم المُقِيم: _____

من الذي سيستخدم الدواء: بالغ طفل أخرى

بيانات المريض:

الرضاعة الطبيعية Y N حامل Y N العمر: _____ الجنس: M F

CONDITION: "What are you treating?"

- Acne Constipation Eye Condition* Insect bite Nutritional need Allergy*
 Cough Fever Insomnia Pain* Arthritis Dental Problem* Fungal
infection Myalgia Preventative care* Bacterial infection Dermatitis*
Headache Nausea Sunburn Congestion Diarrhea Heartburn/GERD
Nicotine use Wound Other

*Additional information _____ PMH:

"What chronic medical conditions do you have?"

- Alcoholism Cancer Diabetes High cholesterol Osteoporosis Angina
Chronic headache Glaucoma Hypertension Prostate disorder Arthritis
Chronic pain Heart disease Kidney disease Seizure disorder Asthma COPD
 Heart failure Liver disease Sleep disorder Bleeding disorder Depression
 Heartburn/GERD Obesity Thyroid disorder Other

"What medications are you taking?"

Symptom Analysis: (*Precipitating, Quality, Relief, Site/Severity, Temporal factors, Associated symptoms*)

P: What caused the condition?

_____ Q: Describe the condition? _____ R: What has provided relief? _____

S: Where is the problem? How severe is it?

_____ T: When did the problem begin?

How often does it occur? _____ A: What other symptoms exist? _____ Outcome

- No pharmacologic treatment necessary Encouraged patient to seek physician consultation Made a recommendation Original product sought Alternative product



Explain (name of product, dose, instructions, warnings, Nonpharmacologic therapy):

Follow-up: Contact date: _____ Contact information:

Notes:

ممتاز 90-100 % جيد جدا 80-89 % جيد 79-65 % راسب أقل من 65 %

اعتماد المدرب

أكد ان طالب الصيدلة المتدرب / _____ قد استوفى جميع متطلبات التدريب

الخاص بهذا النشاط

اسم المدرب/_____ التوقيع: _____