

Exempted Codeine Prescription by a Pharmacist

Patient's Name:

Date of Birth:

Address:

Gender:

Product prescribed:

Manufacturer:

Dosage form:

Total Quantity:

Strength:

Sig:

Interval for 'refill': N/A or _____

Name of Pharmacist:

Date:

Assessment:

Allergies:

Medical History:

Current Medications (Must include a review of patient's DPIN profile):

Consuming any other acetaminophen products or analgesics? Yes No

(APAP daily dose should not exceed 4000mg/day. FDA suggests <3200mg/day)

Other CNS active medications: Yes No

Alcohol Consumption: Yes No

Signs/Symptoms & Length/Severity:

Pain Intensity: +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Pain Relief Goals Achieved: Yes No Partially _____

Functional Status: Improved No Change Worsened _____

Adverse Effects: Nausea Constipation Drowsiness Vomiting Other

Previous Treatment(s):

Relevant Laboratory Data/Test results (if available):

Pregnant/Lactating: Yes No

Treatment Goals, diagnosis or clinical indication of prescription:

Rationale for the prescribing decision:

Follow-up Plan:

Other health Professionals notified: Yes No

Sections 118 – 121 of the Pharmaceutical regulations and the Practice Directions 'Prescribing' and 'Prescribing and Dispensing' enable pharmacists to prescribe for NAPRA schedule II and III drugs and devices approved by Health Canada. Pharmacists can additionally prescribe for minor ailments should they have certification to do so. This is to notify you, the patient's physician, that we have prescribed the above medication.

Patient Signature: _____

Date: _____