Brown Bag Checkup - Participant Medicine Review Form

Date:	**Participant #:**	**Lives in what ward or Zip Code:**
Site :		
Participant Name:		**Phone #:**
Participant Diagnosis:		
☐ **Male** ☐ **Female**	**Ethnicity:** ☐ **Hispanic or Latino**	
What race (Check all that apply): ☐ **American Indian or Alaska Native** ☐ **Asian** ☐ **African American** ☐ **Native American or Pacific Islander** ☐ **White** ☐ **Other:** _____		
Person/s Completing Form:		
Please check all that apply: ☐ Medicare ☐ Medicaid ☐ Both ☐ Other Insurance ☐ No insurance		

1. **How many medicines (prescription, over the counter, vitamins/minerals/nutraceutics) were brought by the Participant?** _____	
2. **Did the Participant say they brought in all their *prescription* medicine containers**	☐ Yes, brought **all** their prescription meds ☐ No, brought **some** of their prescription meds ☐ No, only brought medicine list ☐ **Other:**
3. **Did the Participant say they brought in all their *over the counter* medicines and *supplements*?**	☐ Yes, brought **all** over the counter meds and supplements ☐ No, brought **some** over the counter meds and supplements ☐ **Other:**
4. **Has anyone asked you about your medications in the last 6 months, not including today's discussion?** ☐ Yes ☐ No	
5. **Could the Participant state what each medicine was for?**	☐ Yes ☐ No
6. **Could the Participant state how and when they should take each medicine?**	☐ Yes ☐ No

7. **A number of conditions may be identified regarding medicine regimens, provide information on**

any that apply to participant?? (Please mark all that applies).

a. ☐ **Duplicate medicines.**	b. ☐ **Participant taking a new prescription medicine (prescribed by another doctor) without telling a clinician.**
c. ☐ **Expired medicines.**	d. ☐ **Participant taking a new over the counter medicine or supplement without telling a clinician.**
e. ☐ **Participant had contraindication for one or more medicines.**	f. ☐ **Pill bottles brought in by participant did not match the medicine list in the Participant's record.**
g. ☐ **Drug-drug interactions could be possible**	h. ☐ **Participant not taking medicine as prescribed.**
i. ☐ **Medicine was correct, but dose was incorrect.**	j. ☐ **Participant failed to get medicine(s) refilled.**
k. ☐ **Participant stopped taking prescription medicines without telling a clinician.**	l. ☐ **Participant changed to cheaper medicine.**
m. ☐ **Participant stopped taking an over the counter medicine or supplement without telling a clinician.**	n. ☐ **A possible risk to patient safety**
o. ☐ **Other: Please specify**	

8. What information did you share with the participant? Please mark all that apply.

☐ **Expired medicines were identified by label**

☐ **Compliance or adherence**

☐ **Alternate over the counter medicines were being used by the participant without a prescription or communication with the primary care provider.**

☐ **Cost of the medicines, possible generics available**

☐ **Other: Please specify** _____

Additional Staff Comments: