### Appendix 1. The pharmacist intervention form

**PHARMACIST INTERVENTION FORM**

<table>
<thead>
<tr>
<th>DATE: / /</th>
<th>INTERVENTION N°:</th>
<th>CENTER N°:</th>
</tr>
</thead>
</table>

**PATIENT:**

- Last name: [ ]
- First name: [ ]

- Age: [ ] years / Weight: [ ] Kg

- Sex: [ ] M [ ] F

**1- DRUG RELATED PROBLEM (1 choice):**

- [ ] Non conformity to guidelines or contra-indication
- [ ] Untreated indication
- [ ] Subtherapeutic dosage
- [ ] Supratherapeutic dosage
- [ ] Drug without indication
- [ ] Drug interaction
  - [ ] To be taken into account
  - [ ] Use with caution
  - [ ] Combination to be avoided
  - [ ] Combination contra-indicated
  - [ ] Documented but not in VITAL®

- [ ] Adverse drug reaction
- [ ] Improper administration
- [ ] Failure to receive drug
- [ ] Drug monitoring

**2- INTERVENTION (1 choice):**

- [ ] Addition of a new drug
- [ ] Drug discontinuation
- [ ] Drug switch
- [ ] Change of administration route
- [ ] Drug monitoring
- [ ] Administration modalities optimisation
- [ ] Dose adjustment

**Hospital ward:**

- [ ] Psychiatry
- [ ] Acute care
- [ ] Long term care
- [ ] Rehabilitation ward

**DRUG NAME (INN):**

- A Alimentary tract & metabolism
- B Blood & blood forming organs
- C Cardiovascular system
- D Dermatological
- G Genito urinary system & sex hormones
- H Systemic hormonal preparations
- J Anti-infective for systemic use
- L Anti-neoplastic & immunomodulating agents
- M Musculo-skeletal system
- N Nervous system
- P Antiparasitic products
- R Respiratory system
- S Sensory organs
- V Various

**3- DRUG CLASSIFICATION (ATC):**

**4- INTERVENTION FOLLOW-UP:**

- [ ] Accepted
- [ ] Non accepted
- [ ] Non assessable

**DETAILS:** If necessary, give details on any aspects of the detected DRP and describe the intervention, precisely.

**Context:**

**Problem**

**Intervention**