Hôpital Erasme | ULB

Best Possible Medication History

General information

Affix the patient label + patient information

Date : ..... Care unit : .....
Data collected by : .....

Role : □ Pharmacist
□ Pharmacy-technician
□ Others :.....

Lifestyle :

	Never	Stop	Yes	*Frequency, duration, type, etc.:*
Alcohol	□	□	□	.....
Drugs use	□	□	□	.....
Tobacco	□	□	□	.....

Source(s) used during the realization of the BPMH:

N° 1 □ Medical record : .....
N° 2 □ Interview : □ patient □ relative : .....
N° 3 □ Institution's treatment sheet : .....
N° 4 □ Call institution : .....
N° 5 □ Call family physician : .....
N° 6 □ Call pharmacist : .....
N° 7 □ Call : .....
N° 8 □ Other(s) source(s) of information: .....
N° 9 □ Patients' personal treatment
N° 10 □ Pharmacist's medication plan
N° 11 □ E-health *(computerized health documents)*
Tél : .....
Tél : .....
Tél : .....
Tél : .....

Medication[1]

Sources					Medication (name, dosing, form)	Dosage					Remarks *(indication, diagram, taken in relation to meals, prescribers, specific dosage, ...)*	Medication		
N° ...	N° ...	N° ...	N° ...	N° ...		Morning	Noon	Afernoon	Evening	At bedtime		Chronic, acute	On demand	Self-medication

[d] If you check the box, please complete the table "medication therapy"

Development and Delphi validation of a Best Possible Medication History form, *C. Hoornaert, S. Pochet, S. Lorent* .

Corresponding author: Camille Hoornaert, Clinical Pharmacist
Hôpital Erasme, Pharmacy Department
808, route de Lennik, 1070 Brussels, Belgium
camille.hoornaert@erasme.ulb.ac.be

Hôpital Erasme ULB

Best Possible Medication History

Home medication management

Medication management : □ Patient :..... □ Institution :.....
□ Relative : ..... □ Other : .....
□ Home-care nurse : ..... □ Inapplicable : .....

Assistance in medication management □ Written list □ Pill dispenser *(type, prepared by)*:.....
□ Inapplicable □ Pharmacist's medication plan
□ Other : .....

Did you bring your personal treatment to the hospital? : □ No □ Yes
Storage area : □ Patient's room □ Treatment room □ According to institutional regulations □ Other : .....

Questions about medication

Are you taking medication in the form of [1]: □ cream/gel, □ drops (nose, eyes, ear), □ injection, □ patch, □ aerosol □ syrup, □ spray, □ suppository/ovule, □ sample

Are you taking medication for [a]: Cardiovascular system *(□ cholesterol, □ heart/bloodstream)*, digestive *(□ constipation/ diarrhea, □ digestion/stomach, □ acidity)*, endocrine *(□ contraception/hormones, □ diabetes, □ thyroid)*, musculoskeletal *(□ joints, □ bones)*, nervous *(□ sleep/relax, □ pain)*, respiratory □, urinary □

Are you taking [a]: □ medication over the counter *(self-medication)*, □ drugs advised/given/purchased on internet, □ dietary supplement, □ homeopathy, □ essential oil, □ officinal/magistral preparations, □ vitamins, □ medicinal plants

Are you taking any medication [1]: □ 1x/week, □ 1x/month, □ 1x/3months, □ 1x/year

	Yes	No	Describe :
During the last 2 years, have you been vaccinated?	□	□	.....
In the last 2 months, were there any changes in your treatment?	□	□	....
In the last 2 months, have you taken any antibiotics/anti-virals/antifungals?	□	□	....
Are you having difficulties swallowing the medication?	□	□	....
Do you know terms of use your medication?	□	□	....

If the patient does not know the terms of use or the demonstration is incorrect, schedule an appointment for therapeutic patient education.

Allergies/side effects

	Yes	No	Describe *(drugs/products concerned, date and type of reaction) :*
Have you ever had any allergies and/or intolerances?	□	□	....
Have you ever experienced any unpleasant/side effects?	□	□	....

Medication adherence

[a] If you check the box, please complete the table "medication therapy"

Development and Delphi validation of a Best Possible Medication History form, *C. Hoornaert, S. Pochet, S. Lorent* .

Corresponding author: Camille Hoornaert, Clinical Pharmacist
Hôpital Erasme, Pharmacy Department
808, route de Lennik, 1070 Brussels, Belgium
camille.hoornaert@erasme.ulb.ac.be