

Appendix 2 - Best Possible Medication History Interview Guide^s

Introduction

- Introduce self and profession
- I would like to take some time to review the medications you take at home.
- I have a list of medications from your chart/file, and want to make sure it is accurate and up to date.
- Would it be possible to discuss your medications with you (or a family member) at this time?
 - Is this a convenient time for you? Do you have a family member who knows your medications who you think should join us? How can we contact them?

Medication Allergies

- Do you have any medication allergies? If yes, what happens when you take _____?

Information Gathering

- Do you have your medication list or pill bottles (vials) with you?
- Show and tell technique when they have brought the medication vials with them
 - How do you take _____(medication name)?
 - How often or when do you take _____(medication name)?
- Collect information about dose, route and frequency for each drug. If the patient is taking a medication differently than prescribed, record what the patient is actually taking and note the discrepancy.
- Are there any prescription medications you (or your physician) have recently stopped or changed?
- What was the reason for this change?

Community Pharmacy

- What is the name of the pharmacy that you normally go to? (Name/Location: anticipate more than one)
 - May we call your pharmacy to clarify your medications if needed?

Over the Counter (OTCs) Medications

- Are there any medications that you are taking that you do not need a prescription for? (Do you take anything that you would buy without a doctor's prescription?) Give example, e.g. Aspirin. If yes, how do you take _____?

Vitamins/Minerals/Supplements

- Do you take any vitamins (e.g. multivitamin)? If yes, how do you take _____?
- Do you take any minerals (e.g. calcium, iron)? If yes, how do you take _____?
- Do you use any supplements (e.g. glucosamine, St. John's Wort)? If yes, how do you take them ___?

Eye/Ear/Nose Drops

- Do you use any eye drops? If yes, what are the names and how many drops do you use and how often? In which eye?
- Do you use any ear or nose drops/nose sprays? If yes, how do you use them?

Inhalers /Patches/Creams/Ointments/Injectables/Samples

- Do you use any inhalers? any medicated patches? medicated creams or ointments? any injectable medications (e.g. insulin)? For each, if yes, how do you take _____? (name, strength, how often)
- Did your doctor give you any medication samples to try in the last few months?

Antibiotics

- Have you used any antibiotics in the past 3 months? If so, what are they?

Closing

- This concludes our interview. Thank you for your time. Do you have any questions?
- If you remember anything after our discussion please contact me to update the information?

Exit room, and wash hands. Proceed to document interaction in chart/file.

Note: Medical and Social History, if not specifically described in the chart/file, may need to be clarified with patient