Medication History Evaluation Form

Course Number: 728-740

Student_____
Date _____
Patient History _____
Assessor _____

0	1 - Poor	2 – Marginal	3 - Good	4 - Very Good	5 - Outstanding
Unacceptable or item not described.	Significant omissions, minimal descriptive detail. Total lack of understanding.	Some omissions, incomplete descriptive detail. Limited understanding.	No omissions. Sufficient descriptive detail. Demonstrates understanding.	Thorough information. Complete descriptive detail. Demonstrates thorough understanding.	Exceptional information and descriptive detail. Exceptional understanding.

Category	Score							Evidence/Comments
I. Process (25%)								
a. Introduction/Establishes Rapport: Name, date of birth, identifies patient or patient's agent, explanation of purpose of the history, estimated time of the session, assures confidentiality.	0	1	2	3	4	5	N/A	
b. Problem Identification: Assess patient knowledge of medications and purpose, concerns, and problems. If necessary, adapts consult.	0	1	2	3	4	5	N/A	
c. Summary/Feedback: Provides appropriate summary and verifies information. If appropriate, provides necessary written or verbal information, clears up misconceptions.	0	1	2	3	4	5	N/A	
d. Nonverbal: Appropriate gestures and mannerisms, eye contact, and body position.	0	1	2	3	4	5	N/A	
e. Verbal: Audible with good enunciation, tone and rate reflect interest, proper pronunciation and use of medical terms, appropriate use of open-ended questions and leading questions.	0	1	2	3	4	5	N/A	

Category	Score							Evidence/Comments
f. Organization and Confidence: Displays self-confidence, efficient, organizes the history in an appropriate manner, maintains control of the interview, appropriate time limit.	0	1	2	3	4	5	N/A	
g. Documentation: Completes written documentation including all pertinent information.	0	1	2	3	4	5	N/A	
h. Closure: Provides appropriate closure to the history (interview).	0	1	2	3	4	5	N/A	
(Points earned ÷ Applicable points for section) x 25 = _____								
II. Content (75%)								
a. Data Gathering (may be combination of record review and confirmation via interview): Pt. name, address, birth date, telephone number, insurance info., allergies, ADRs, SH, Problem List, FH, behavioral/lifestyle (diet, exercise, health beliefs, smoking, alcohol, cognitive or physical limitations), height, weight, pharmacies, medical care providers.	0	1	2	3	4	5	N/A	
b. Medication Information: (Rx, OTC, and Alternative meds) Name, strength, dose, dosage form, frequency of use, duration of use. Past medication use.	0	1	2	3	4	5	N/A	
c. Medication Use Practices: Adherence (compliance) assessment, compliance aids, medication use attitudes, deviation from directions, reasoning for deviation, impact of social determinants of health on medication taking habits.	0	1	2	3	4	5	N/A	

Category	Score							Evidence/Comments
d. Adverse Effects / Cautions: Information is patient specific, including major adverse effects, drug interactions, cautions, how past reactions were managed/resolved.	0	1	2	3	4	5	N/A	
e. Drug Therapy Monitoring: Assessment of patient's expectations of medication benefits versus the perceived benefits, patient awareness of monitoring techniques and parameters (e.g. lab values, endpoints of therapy).	0	1	2	3	4	5	N/A	
f. Storage: Assess medication storage and disposal practices.	0	1	2	3	4	5	N/A	
(Points earned ÷ Applicable points for section) x 75 = _____								

Calculated points for areas: I. _____

II._____

Total: _____