Name: _____ **A#:** _____ **Room #:** _____
Allergies: _____ **DOB:** _____
Admission: **Date:** ___/___/_____ **Date:** _____
To **Time:** ____:_____ **Admission To ER** **Time:** _____
Hospital **MD:** _____ **MD:** _____
Time To _____ **Presentation:** _____
First Dose: _____ _____
CC: _____
_____
Differential Diagnosis: _____
_____
Diagnosis: _____
_____
PMH: _____
_____
_____
_____
_____
LABS:
Height: _____ **SCr:** _____ **Date:** ___/___/__ **CD4:** _____ **Date:** ___/___/___
Weight: _____ **BUN:** _____ **Date:** __/___/___ **Viral Load:** _____ **Date:** ___/___/___
Other: _____

MEDICATIONS:				
HOSPITAL:				
	Drug	**Dose**	**Time Administered**	**Comments**
ARVT:				
Other:				

MEDICATIONS:					
PRIOR TO ADMISSION					
	Drug	**Dose**	**Date Started**	**Comments**	**Source**
ARVT:					☐ Patient
					☐ Family
					☐ Rx Vials
					☐ Pharmacy
					☐ Clinic Chart
					Date: _____
					☐ BARC Profile
Other:					☐ Other

POTENTIAL DRUG-RELATED PROBLEMS:
(Check all that apply)

☐ **Drug-drug interaction**
☐ **Drug-food interaction**
☐ **Drug incorrect for indication**
☐ **No indication for drug**
☐ **Drug needed**
☐ **Dose too high**
☐ **Dose too low**
☐ **Missed dose(s)**
☐ **Side effects**
☐ **Inappropriate administration time(s)**
☐ **Toxicity**
☐ **Compliance issues**
☐ **Lack of patient education**
☐ **Incorrect medications**
☐ **Renal / hepatic insufficiency**
☐ **Other**

Comments: _____
_____
_____
_____
_____
_____
_____
_____

INTERVENTIONS AND RECOMMENDATIONS:

(Check all that apply)

- ☐ **Adjust dose**
- ☐ **Discontinue drug**
- ☐ **Add new drug**
- ☐ **Labs / drug levels**
- ☐ **Adherence assessments**
  - ☐ **Called pharmacy**
  - ☐ **Spoke with family member**
  - ☐ **Patient interview**
- ☐ **Patient counseling / education**
- ☐ **Staff education / inservice**
- ☐ **Side effect / Toxicity management**
- ☐ **Change administration time**
- ☐ **Other**
- ☐ **Interaction research**
- ☐ **Medical problem**
- ☐ **Contact MD**
- ☐ **Calculate Cl_{cr}**

Comments: _____