



# SaferMedsNL Follow-up Consultation Audit Form

**Patient Name:** \_\_\_\_\_

**Patient MCP Number:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**PPI (drug/dose):** \_\_\_\_\_

Completion of the following is only required if a follow-up consultation is conducted as per the SaferMedsNL Policy and must be kept on file for audit purposes.

## Follow- Up Consultation:

- Assess whether the patient has stopped taking their PPI, reduced the dose, or changed to an alternate medication as instructed by his/her prescriber
- Review effectiveness of the changes made to the patient's PPI therapy
- Troubleshoot withdrawal events and/or adverse effects and offer management strategies if appropriate
- Reinforce the importance of discontinuing the PPI for long term health
- Address any questions or concerns from the patient and/or caregiver
- Refer the patient to their prescriber if clinically necessary

**Follow up consultation completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

