



SaferMedsNL Follow-up Consultation Audit Form

Patient Name: _____
Patient MCP Number: _____
Patient Phone Number: _____
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 drug(s), reduced the dose, or changed to an alternate drug as instructed by his/her prescriber
- Review effectiveness of the changes made to the patient's therapy
- Troubleshoot withdrawal events and/or adverse effects and offer management strategies if appropriate
- Reinforce the importance of discontinuing the drug long term
- Address any questions or concerns from the patient and/or caregiver
- Refer the patient to their prescriber if clinically necessary

OR

- Pharmacist-led follow-up conversation with patient, independent of physician response or change in prescription. The purpose of this follow-up is to further discuss possibility of deprescribing. **This pharmacist led follow –up must be conducted at least 30 days after the initial consultation.**

Follow up consultation completed by: _____ Date: _____

