

# Comprehensive Medication History Interview Form

Introduction	
Introduce self and profession.	PharmD Completing Form: _____  Date: _____
Explain purpose of session.	
Does the patient wish for a family member to be present during interview?	

## Patient Demographics and Background

### Patient Full Name

*Name to address patient by*

*Is patient performing interview:* ☐ Yes ☐ No

*If no, name and relationship of interviewee*

### Demographic Information

Date of birth (DOB)

Height & Weight

Gender (assigned at birth) & Race/Ethnicity

### Occupation\*

### Primary pharmacy used & insurance coverage\*

## Immediate Concerns / Past Medical History

### Immediate concerns or health problems\*

### Past Medical History\*

### Is the patient cognitively impaired\*

*No / Yes*

*If yes, indicate*

- ☐ Brief Interview for Mental Status (BIMS) score <13
- ☐ Cognitive impairment noted in patient's chart
- ☐ Confirmed status with family member/caregiver
- ☐ Confirmed status with healthcare staff
- ☐ Mini-mental state examination (MMSE) score <27

\* Indicates question MUST be asked in an open-ended format

## Medication Allergies

### Drug Allergies or Adverse Reactions\*

*Describe Reaction*

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### Food/Chemical/Substance allergies\*

*Describe Reaction*

## Lifestyle Choices

### Diet\*

### Exercise regimen\*

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### Alcohol/Caffeine consumptions\*

*If yes, types/quantity/frequency*

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### Tobacco usage\*

*If yes, types/quantity/frequency*

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### Recreational drug usage (e.g. marijuana, meth)

*If yes, types/quantity/frequency*

## Vaccinations

### Influenza

*Date:*

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### Pneumococcal (PPSV23/PCV13)

*Date:*

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### Tetanus/Tdap

*Date:*

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### Zoster

*Date:*

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### Other

*\* Indicates question MUST be asked in an open-ended format*

## Prescription Medications

Name/Strength/Dosage Form	Directions (quantity/route/frequency/time)	Related Condition	Prescriber	Length of Therapy
<i>Safety/Adherence (B,C)</i> Describe any drug side effects that have occurred or that you are concerned about.		<i>Adherence (D)</i> Are you concerned about the cost of this medication? Cost concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Adherence (A,E)</i> How often do you forget to take your medication on routine days? What about on non-routine days such as weekends or when traveling?		<i>Adherence (B,C)</i> Are you benefiting from this medication or do you feel it is unnecessary?		

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<b>Prescription medications that have recently <u>stopped</u> or <u>changed</u>*</b>  If yes, indicate reason	
<b>Do you feel like you have too many medications or too many doses per day?</b>  Adherence (A,C,D)	

## Over the Counter (OTC) Medications

### OTC Medications\*

*If yes, name/strength/indication/directions/duration*

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If not addressed above indicate patient's preferred product and frequency for the following\*

- Headache/aches/pains
- Seasonal Allergies
- Stomach Upset
- Regularity
- Sleep

## Vitamins/Minerals/Supplements

### Vitamins, Minerals, or Supplements\*

(e.g. multivitamin, calcium, iron, protein, digestive enzymes, etc.)

*If yes name/strength/indication/directions/duration*

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### Herbals or Natural Products\*

(e.g. glucosamine, St. John's Wort)

*If yes name/strength/indication/directions/duration*

## Concluding the Interview

Final patient questions/comments/concerns\*

\* Indicates question *MUST* be asked in an open-ended format

## Supporting Document – Determination of Cognitive Impairment







Brief Interview for Mental Status (BIMS)		SCORE
<b>Repetition of Three Words</b>		
<p>Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three.</p> <p>The words are: <u>sock</u>, <u>blue</u> and <u>bed</u>.</p> <p>Now tell me the three words."</p> <p>After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture ")</p>	<p>Number of words repeated after first attempt:</p> <p>None (0 points)</p> <p>One (1 point)</p> <p>Two (2 points)</p> <p>Three (3 points)</p>	
<b>Temporal Orientation (orientation to month, year and day)</b>		
Ask patient: "Please tell me what year it is right now."	<p>Missed by &gt; 5 years, or no answer (0 points)</p> <p>Missed by 2-5 years (1 point)</p> <p>Missed by 1 year (2 points)</p> <p>Correct (3 points)</p>	
Ask patient: "What month are we in right now?"	<p>Missed by &gt; 1 month, or no answer (0 points)</p> <p>Missed by 6 days to 1 month (1 point)</p> <p>Accurate within 5 days (2 points)</p>	
Ask patient: "What day of the week is today?"	<p>Incorrect, or no answer (0 points)</p> <p>Correct (1 point)</p>	
<b>Recall</b>		
<p>Ask resident: "Let 's go back to the earlier question. What were the three words that I asked you to repeat? "</p> <p>If unable to remember a word, give cue for that word:</p> <p>"something to wear"</p> <p>"a color"</p> <p>"a piece of furniture"</p>	<p>"Sock"</p> <p>No, could not recall (0 points)</p> <p>Yes, but only after cue (1 point)</p> <p>Yes, no cueing required (2 points)</p>	
	<p>"Blue"</p> <p>No, could not recall (0 points)</p> <p>Yes, but only after cue (1 point)</p> <p>Yes, no cueing required (2 points)</p>	
	<p>"Bed"</p> <p>No, could not recall (0 points)</p> <p>Yes, but only after cue (1 point)</p> <p>Yes, no cueing required (2 points)</p>	
<b>TOTAL SCORE (0-15 points)</b>		
<b>Interpretation: 13 - 15: cognitively intact; 8 - 12: moderately impaired; 0 - 7: severe impairment</b>		

## Supporting Document – ADHERENCE WORKSHEET – Pharmacist Drug Adherence Work-up Tool (DRAW)

PATIENT INTERVIEW	YES	ACTIONS
1. Please tell me how you take your medication every day.	→	<ul style="list-style-type: none"> <li>Verify adherence; Identify any discrepancies</li> <li>Add to their knowledge</li> </ul>
2. Do you feel like you have too many medications or too many doses per day?	→	<div>A C D</div> <ul style="list-style-type: none"> <li>Reduce number of meds per day by stopping/changing medications</li> <li>Simplify regimen</li> </ul>
3. Do you sometimes forget to take your medication on routine days?	→	<div>A E</div> <ul style="list-style-type: none"> <li>Adherence aid, alarm or specialized packaging</li> <li>Med calendar</li> <li>Memory aid</li> <li>Rule out anticholinergic meds</li> </ul>
4. Do you forget on non-routine days such as weekends or when traveling?	→	
5. Do you have a concern that your medication is not helping you?	→	<div>B C</div> <ul style="list-style-type: none"> <li>Patient education</li> <li>Guided counseling</li> </ul>
6. Do you feel that you do not need this medication?	→	
7. Have you had any side effects?	→	<div>B C</div> <ul style="list-style-type: none"> <li>Guided counseling</li> <li>Switch medications</li> <li>Symptom management</li> <li>Adjust regimen</li> </ul>
8. Are you concerned about side effects?	→	
9. Is the cost of this medication too much?	→	<div>D</div> <ul style="list-style-type: none"> <li>Switch to less costly medication</li> <li>Cost reduction strategy</li> </ul>
Pharmacist:		
10. At any time during this interview, did you sense an issue about decreased cognitive function?	→	<div>A E</div> <ul style="list-style-type: none"> <li>Rule out anticholinergics;</li> <li>Discuss with other area providers</li> <li>Referral to assistance resource</li> <li>Recommend or support medication assistance including aids and/or caregivers</li> </ul>
11. Is there a limitation on instrumental activities of daily living to affect adherence and/or use of adherence aids?	→	
Follow up:	→	<div>F</div> <ul style="list-style-type: none"> <li>Plan a follow-up</li> <li>Discuss at next refill, follow-up phone call, face-to face visit</li> </ul>
<ul style="list-style-type: none"> <li>If any non-adherence issue exists, schedule a follow-up.</li> </ul>	→	

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## Supporting Document – ADHERENCE WORKSHEET – Pharmacist Drug Adherence Work-up Tool (DRAW)

	<p><b>Reminder tools, adherence aids or alarms</b> range from helping the patient set a cell phone alarm to an automated medication dispensing machine. Aids typically organize, prompt or both. To view a wide range of compliance aids, go to <a href="http://www.epill.com">www.epill.com</a></p> <ul style="list-style-type: none"> <li>• Use specialized organizers, such as the day/time pill containers</li> <li>• Use of special blister packs if available</li> <li>• Institute a medication calendar if patient can and will use it</li> </ul> <p><b>Simplifying regimen</b> includes: 1) using long acting drugs where possible, 2) reducing number of medications</p>
	<p><b>Patient education</b> addresses any identified knowledge deficiencies. Refrain from reiterating that their physician ordered it. Positive reinforcement of the benefits sounds better than being told about the negative outcomes from non-adherence.</p>
	<p><b>Guided counseling</b> addresses concerns about the effectiveness or necessity of the medication.</p> <ul style="list-style-type: none"> <li>• Helping a person resolve their medication issues requires you to listen well and understand their concerns in order to work with the patient.</li> <li>• Use open-ended questions to divulge their concerns and motivations. Example: Ask, “On a scale of 1 to 10, 10 being the most important, how important is it to you that you take this medication?” If the score is low, a follow-up question could be, “What can I do to help you raise your score to a 9 or 10?” Upper range is used to induce a dialogue with patient.</li> <li>• Listen for indicators of the patient’s DESIRE, their ABILITY, their REASONS, and their NEED to make changes. Also listen for their COMMITMENT and TAKING STEPS to make changes. When you hear these, they are motivators or actions to encourage.</li> </ul> <p><b>Symptom management:</b></p> <ul style="list-style-type: none"> <li>• Consider if the symptoms are consistent with side effects of medications the patient is taking.</li> <li>• Consider if the symptoms need to be treated or if there is a need to make a change in treatment.</li> <li>• For memory decline, refer to section E.</li> </ul>
	<p><b>Cost reduction strategies:</b></p> <ul style="list-style-type: none"> <li>• Reducing number of medications</li> <li>• Use of combination drugs when possible</li> <li>• Tablet splitting</li> <li>• Generic substitution</li> <li>• Therapeutic interchange</li> </ul>
	<p><b>Cognitive issues:</b> Patient may require additional assistance from alternative care givers such as competent relative, visiting nurse, assisted living, other community resources that provide assistance for daily activities in order to maintain medication regimen. Action options include 1) referral to a geriatric assessment unit, 2) discussion of available options with other area providers with appropriate referral to a local resource. Maintaining a current list of local and/or best available resources is recommended.</p> <p><b>Anticholinergics:</b> Consider whether or not: 1) anticholinergics could be contributing to cognitive memory decline, 2) any cholinesterase inhibitors are being counteracted by anticholinergics. Consider a substitute for the anticholinergic medication and recommend physician/patient resolution.</p> <p><b>Instrumental activities of daily living (IADL):</b> Consider if the patient is able to prepare their meals, phone for refills, or use an adherence aid without assistance. Consider any visual restrictions, quality of hearing, as well as their dexterity when considering the type of compliance aid. The ability to recognize the correct medication is essential. A caregiver may need to implement one or more aids. Maintaining a current list of local and/or best available resources is recommended.</p>
	<p><b>Follow-up:</b> Adherence interventions require a follow-up visit with your patient to verify ease of use, usefulness and effectiveness of the intervention method(s) employed.</p>