



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

Pharmacist Assessment Record Template

Saskatchewan College of Pharmacists Pharmacist Assessment Record (PAR)

The PAR will serve as a general tool for documentation of the pharmacist-provided assessment and decisions in Level I or Level II Authority Prescribing. Where relevant, the following information will be required on the PAR document:

1. Patient demographics: name, address, phone numbers, sex, age, weight, height, allergies (known drug and other), Health Services Number (HSN), Drug Plan category i.e. Senior drug plan, palliative care, INAC #. (This is a 10-digit number issued by Indian and Northern Affairs Canada (INAC), formerly known as DIAND #).
2. Patient PIP profile is printed and attached.
3. Patient's medical conditions and the source of the information (patient, physician, nurse or care-giver).
4. Patient's current physician list including specialists and nurse practitioners.
5. Action Log to be used to document and prioritize actions taken by the pharmacist, communications with physician and whether follow-up is required and by whom.

Disease-specific PAR–II forms may be required for Level II prescribing. Laboratory Data required for assessment should be included on PAR II documents.

Pharmacist Assessment Record - Level I and Level II-A Form

Action #

Patient Name:

Patient Address: HSN # / INAC #:

Date Patient Seen:

Attention: (Dr., RN/NP, Specialist):

Under the authority as defined by the Saskatchewan College of Pharmacists (SCP), I have prescribed medications for the following purpose:

Level I where I have met the basic training requirements of the SCP:

- Formulation or dosage form modification
- Interim supply of medication
- Maintenance therapy
- Emergency supply of medication
- Incomplete prescription
- Extending refill(s) during physician absence
- Medication for minor ailment
- Seamless care

Level II where I have met the advanced training requirements of the SCP:

- Smoking cessation therapy
- Oral contraception

The new prescription reads:

Ordered by: (pharmacist's name, pharmacy & contact information)

Patient's consent required and provided: in writing verbally

I have instructed the patient to call your office to make an appointment to review their drug therapy within:

- the next 72 hours.
- the next week.

Pharmacist's additional comments:

For Recipient's (Dr., RN/NP, Specialist) Office Use:

File: Patient Other

OR

Response to Pharmacist as follows:

Physician signature, Date, Phone # and Fax #: