

DATA COLLECTION FOR RETROSPECTIVE, PROSPECTIVE, CROSS-SECTIONAL, LONGITUDINAL AND CROSSOVER RESEARCH STUDIES

Valid for
**PHARMACEUTICAL, MEDICAL AND OTHER PATIENT'S HEALTH
CARE SECTORS**

A- PATIENT HISTORY

I- Personal detail

Name _____ Age _____
 Reg. No. _____ Gender _____
 Admission _____ Weight _____
 Race _____ Height _____
 Address _____

II- Social history

Smoking _____ Drinking _____
 Caffeine _____ Other _____

III- Past medical history

Allergies _____ Reactions _____
 Idiosyncrasy _____ Other _____

Detail of past disease/ disorder/ diagnosis reported within last three months.

No	Disease/ diagnosis/ disorder	Onset/ attack/ severity	Current status	Prescription/ medication
1				
2				
3				
4				
5				

Past Medication History (within three months)

No.	Drug	Dose	Frequency	Duration	Remarks
1					
2					
3					
4					
5					
6					
7					

B- PATIENT'S CURRENT SITUATION

Present Illness _____

Chief Complaint (CC) _____

Diagnosis/ Provisional Dx./ Medical Problem _____


Patient's Laboratory Data (CBC, RFT, LFT, Ultrasonography, ECG, X-Ray, MRI etc)


Date	Test/ investigation/ report/ study parameter	Patient's value	Standard value	Comments


Present Medication History

#	Drug with regimen	Start date / Stop date	Indication	Effectiveness	Dosage	Direction	Drug-drug interaction	Drug disease interactions	Drug duplication	Duration	Cost	Other	Comments
1													
2													
3													
4													
5													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

Coding/ assessment of factors.

 Valid, correct, significant, necessary, effective, acceptable, practicable.

 Invalid, incorrect, insignificant, unnecessary, unacceptable, impracticable.

 Don't Know, unclear, not give etc.

8 Pharmacological Review of Patient's System

General:
VS:
KUT:
Hepatic:
CVS:
Chest:
Blood:
Abdomen:
Skin/ muscle:
Neuro./ Mental:
Fluid status
ENT:
Other:

C CLINICAL AND THERAPEUTICAL ASSESSMENT

- 1 Drug compliance _____
- 2 Therapeutical monitoring plan _____
- 3 Patient's drug knowledge _____

- 4 Basis of Medication usage (written prescription, oral instructions, patient desire etc) _____
- 5 Patient's delivered value _____
- 6 Pharmaceutical services _____
- 7 Patient's communication/ counseling _____
- 8 Prescription review/ evaluation _____
- 9 ADR's _____
- 10 Nutrition plan _____
- 11 Pharmacoeconomic study _____
- 12 Drug utilization review _____
- 13 Maintenance and reproduction of data (record) _____
- 14 Control & command (check and balance) _____
- 14 Human resource management _____
- 15 Other _____

C THERAPEUTICAL PROBLEMS

#	Therapeutical Problems	Possible/ Potential Pharmcotherapeutical Outcomes	Feasible Pharmcotherapeutical Alternatives	Best Pharmcotherapeutical Choice, Individualization of Regimen

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Kinds of therapeutical problems:

Under dose: Sub-therapeutical concentrations, odd timing, wrong rout, problem of dosage forms, formulation error, conversion mistake, deterioration, monitoring error etc.

Over dose: Too high toxic/ concentration, rapid/ escalation rate of administration, dose and interval flexibility, misuse, monitoring error etc.

Wrong medication: Not related to indication, allergies, ineffectiveness, contraindicated, expensive, unsafe, resistant organisms, unnecessary drug combinations, monitoring errors etc.

ADR: Allergies, therapeutical risk factors, idiosyncrasy, drug administration problems etc.

Patients behavioral problems: Drug omission, compliance, patient's health believes/ satisfaction, socio-economic factors etc.

Not valid indication: Drug abuse, unapproved indication, complications of poly-pharmacy, unauthorized drug error etc.

Indication needs therapy: Allergy, idiosyncrasy, prophylaxis, premedication, synergism, potentiation, drug continuity etc.

Miscellaneous:

D FOLLOW UP

Dates	Subjective, objective, assessment and new DRP, Plan (SOAP)

E DISCHARGE SUMMARY AND COMMUNICATION

Summary

Communication

Principal investigator: _____

Supervisor: _____

Signature _____

Signature _____

