

PATIENT SELF-MEDICATION FORM

PATIENT IDENTIFICATION LABEL

Diagnosis: _____

Date of Admission: _____

Is the Patient on any current medication: € Yes € No (*If yes provide a following details*)

Did the Patient bring those medications: € Yes € No

Has the physician advised to continue the medications: € Yes € No (If Yes Complete the below risk assessment)

SI No	Name/Strength/Form	Dose/Frequency/Route	Quantity Available	Continue Medication (Yes/No)	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Risk Assessment for Medication Brought in by the patient prescribed by A doctor:

The REGSITRAR must do the medication reconciliation with the patient the following and send the medications to Pharmacy

When did the patient brought the medications? _____

The medications brought from: In Hospital Pharmacy - € Yes € No

Outside Pharmacy - € Yes € No Outside the country € Yes € No

The medications stored appropriately at home as per manufacturer recommendations € Yes € No

Remarks (is any risks identified)

Nurse Name & Signature: _____ **Date & Time:** _____

Pharmacist Risk Assessment for Medication Brought in by the patient prescribed by the doctor:

The pharmacist must perform the below risk assessment and stored in IP pharmacy under proper storage conditions and to be returned to the patient upon discharge.

Patient's own medications integrity maintained: € Yes € No (If No communicate with the nurse)

It's not Counterfeit medications: € Yes € No It's not a part of any recalled medications € Yes € No

Medication reconciliation done with current medications: € Yes € No

Patient Own medication label affixed: € Yes € No

Remarks (is any risks identified)

Pharmacist Name & Signature: _____ Date & Time: _____