

## Exempted Codeine Prescription by a Pharmacist

Patient's Name:

Date of Birth:

Address:

Gender:

Product prescribed:

Manufacturer:

Dosage form:

Total Quantity:

Strength:

Sig:

Interval for 'refill': N/A or \_\_\_\_\_

**Name of Pharmacist:**

**Date:**

**Assessment:**

Allergies:

Medical History:

Current Medications (Must include a review of patient's DPIN profile):

Consuming any other acetaminophen products or analgesics?  Yes  No

**(APAP daily dose should not exceed 4000mg/day. FDA suggests <3200mg/day)**

Other CNS active medications:  Yes  No

Alcohol Consumption:  Yes  No

Signs/Symptoms & Length/Severity:

Pain Intensity: +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Pain Relief Goals Achieved:  Yes  No  Partially \_\_\_\_\_

Functional Status:  Improved  No Change  Worsened \_\_\_\_\_

Adverse Effects:  Nausea  Constipation  Drowsiness  Vomiting  Other

Previous Treatment(s):

Relevant Laboratory Data/Test results (if available):

Pregnant/Lactating:  Yes  No

**Treatment Goals, diagnosis or clinical indication of prescription:**

**Rationale for the prescribing decision:**

**Follow-up Plan:**

**Other health Professionals notified:**  Yes  No

*Sections 118 – 121 of the Pharmaceutical regulations and the Practice Directions 'Prescribing' and 'Prescribing and Dispensing' enable pharmacists to prescribe for NAPRA schedule II and III drugs and devices approved by Health Canada. Pharmacists can additionally prescribe for minor ailments should they have certification to do so. This is to notify you, the patient's physician, that we have prescribed the above medication.*

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_