



PROMPT  
THE PATIENT TO  
INCLUDE MEDICATIONS  
THEY TAKE  
EVERY DAY

...AND ALSO  
ONES TAKEN  
ONLY SOMETIMES  
FOR THINGS LIKE  
COLDS AND  
HEADACHES.



safer healthcare  
*now!*

Adapted with permission



IF IT'S  
ON THE LIST,  
IT WON'T  
BE MISSED!

BEST  
POSSIBLE  
MEDICATION  
HISTORY  
(BPMH)  
INTERVIEW  
GUIDE

MEDICATION SAFETY  
- OUR SHARED RESPONSIBILITY

## Preparation

Prior to beginning the interview, gather any of the patient's medication information that may be readily available.

## Introduction

Introduce self and profession.

- I would like to take some time to review the medications you take at home.
- I have a list of medications from your chart/file and want to make sure it is accurate and up to date.
- Would it be possible to discuss your medications with you (or a family member) at this time?
- Is this a convenient time for you? Do you have a family member who knows your medications that you think should join us?
- How can we contact them?

## Information Gathering

- Do you have your medication list or pill bottles (vials) with you?
- Use show and tell technique when they have brought the medication vials with them
  - How do you take (medication name)?
  - How often or When do you take (medication name)?
- Collect information about dose, route and frequency for each drug. If the patient is taking a medication differently than prescribed, record what the patient is actually taking and note the discrepancy.
- Are there any prescription medications you (or your physician) have recently stopped or changed?
- What was the reason for this change?

## Medication Allergies

- Are you allergic to any medications?
- If yes, what happens when you take (allergy medication name)?

## Community Pharmacy

- What is the name and location of the pharmacy you normally go to? (Anticipate more than one).
- May we call your pharmacy to clarify your medications if needed?

## Prescription Medicines

- These include anything you can only obtain with a doctor's order such as heart pills, inhalers, sleeping pills.

## Antibiotics

- Have you used any antibiotics in the past 3 months? If so, what are they?

## Inhalers/Patches/Creams/Ointments/Injectables/Samples

- Do you use:
  - Inhalers?
  - Medicated patches?
  - Medicated creams or ointments?
  - Injectable medications (e.g. insulin)?
- For each, if yes,
  - How do you take (medication name)?
  - Include name, strength, how often.
- Did your doctor give you any medication samples to try in the last few months? If yes, what are the names?

## Eye/Ear/Nose Drops

- Do you use any eye drops? If yes,
  - What are the names?
  - How many drops do you use? How often?
  - In which eye?
- Do you use ear drops? If yes,
  - What are the names?
  - How many drops do you use? How often?
  - In which ear?
- Do you use nose drops/nose sprays? If yes,
  - What are the names?
  - How do you use them?
  - How often?

## Over the Counter (OTC) Medications

- Do you take any medications that you buy without a doctor's prescription? Give examples, (i.e., Aspirin). If yes,
  - How do you take (OTC medication name)?

## Vitamins/Minerals/Supplements

- Do you take any:
  - vitamins (e.g. multivitamin)?
  - minerals (e.g. calcium, iron)?
  - supplements (e.g. glucosamine, St. John's Wort)?
- If yes, how do you take them?
- Do you ever take recreational drugs (e.g. alcohol, marijuana)? If yes, how do you take them? How often?

## Tips on Concluding the Interview

- This concludes our interview.
- Thank you for your time.
- Do you have any questions?
- If you happen to remember anything after our discussion please follow up with your healthcare provider to update your information.

**A GOOD BPMH USES  
AT LEAST TWO DIFFERENT  
SOURCES OF INFORMATION.**