



PROMPT
THE PATIENT TO
INCLUDE MEDICATIONS
THEY TAKE
EVERY DAY

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



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.**