



PHARMACIST HEALTH COACHING – CARDIOVASCULAR PROGRAM

PREPARING FOR YOUR APPOINTMENT

Thank you for choosing to participate in the **Pharmacist Health Coaching – Cardiovascular Program**, a service provided by pharmacists to help you with your cardiovascular health. Please complete this form and bring it with you to your first appointment.

PATIENT INFORMATION

Last Name	First Name
GSC ID #	

PHYSICIAN INFORMATION

Last Name	First Name	
Office Phone ()		
Address	Unit #	
City	Province	Postal Code

MEDICATION ASSESSMENT

List your drug allergies and/or intolerances, if any (include drug name and reaction):

MEDICATION ASSESSMENT

YOUR INITIAL VISIT

The pharmacist will assess your drug therapy to determine whether it's working as your doctor intended. After the assessment is completed, you will receive a medication record which lists the name, dose, frequency, and reason for use for each of your prescription and over-the-counter drugs, vitamin products, and/or herbal supplements.

For your appointment, please bring:

- All your medications, including those from other pharmacies. Don't forget inhalers, nasal sprays, eye/ear drops, creams/ointments, patches, etc. If your medications are kept in a dosette (pill box), bring all your original medication containers.
- All over-the-counter medications, vitamins and/or herbal supplements you currently take (if any).
- Your current medication list, if you have one.

YOUR FOLLOW-UP VISITS

The pharmacist will continue to reassess your drug therapy taking into consideration any changes made since your last visit.

Please bring:

- Your most recent medication list
- All medication containers for new medications that you have started since your last visit, if any

BLOOD PRESSURE AND CHOLESTEROL

Do you take your blood pressure at home?

- Yes No I don't have a blood pressure monitor

If yes, bring your home blood pressure measurements to your appointment.

Have you had your cholesterol measured within the last year?

- Yes No I don't know

If yes, ask your physician for a copy of your results and bring it to your appointment.



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Over the next three to seven days (include both weekend and weekdays) write down everything you eat and drink, as well as your physical activity for each day. Be as detailed as possible and include, whenever possible, the amount consumed (e.g., ½ cup, 3 ounces, 1 tablespoon) and how it was prepared (e.g., fried, baked, boiled, steamed, grilled, etc.). Remember to write down your food and beverages when dining out too.

FOOD & PHYSICAL ACTIVITY DIARY							
	BREAKFAST	A.M. SNACK	LUNCH	P.M. SNACK	DINNER	WATER	EXERCISE
MON.							
TUE.							
WED.							
THR.							
FRI.							
SAT.							
SUN.							
NOTES	(e.g., Alcohol consumption)						