Queensland Community Pharmacy Pilots - paper clinical record template

Please note that this paper clinical record template should only be used in the event of outages impacting the Pilot Clinical Information System (CIS). All details must be entered into the CIS when available and this paper patient clinical record must be appropriately destroyed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consultation Date: | | | | | | | | | Pharmacist: | | | | | | | | | | | | | Does the patient still consent: Y/N | | | | | | |
| **Patient information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name: | | | | | Last name: | | | | | | | | | | | Date of Birth: | | | | | | | | | | Sex assigned at birth: | | |
| Address: | | | | | Suburb: | | | | | | | | | | | State: | | | | | | | | | | Post code: | | |
| Medicare number: | | | | | | | | | | | | | | | | Medicare expiry: | | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | |
| **Emergency contact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name: | | | | Last name: | | | | | | | | | | Relationship: | | | | | | | | | Contact Number: | | | | | |
| **Medical and social history:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past medical history: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past surgical history: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies and known adverse medication reactions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current medications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Clinical service:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New or follow-up service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presenting symptoms: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subjective assessment: | | | | | | | | | | | | | | | | Objective assessment: | | | | | | | | | | | | |
| **Measures (observations):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight (kg): | | | Height (cm): | | | | | | | | BMI (KG/M2): | | | | | | | | Waist circumference: | | | | | | | | | Temperature: |
| Systolic blood pressure (mmHg): | | | | | | | | Diastolic blood pressure (mmHg): | | | | | | | | | | | | | Heart rate (beats/min): | | | | | | | O2 saturation (%): |
| **Measures (respiratory function):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEV1 (in litres): | | FVC (in litres): | | | | | FEV:FVC ratio (%): | | | | | | | PEF (L/min): | | | | Asthma control test (5-25): | | | | | | | | | COPD Assessment test (0-40): | |
| **Measures (lipid profile):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total cholesterol (mmol/L): | | | | | | | HDL-C (mmol/L): | | | | | | | | | | LDL-C (mmol/L): | | | | | | | Triglycerides (mmol/L): | | | | |
| **Measures (glycaemic control):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hbA1c (mmol/mol): | HbA1c (%): | | | Blood glucose- Fasting (mmol/L): | | | | | | | | Blood glucose- 1 hour post OGTT (mmol/L): | | | | | | | | Blood glucose- 2 hour post OGTT (mmol/L): | | | | | | | Blood glucose- Random (mmol/L): | |
| **Measures (renal measures):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creatinine (urinary) mmol/L: | | | | | | Albumin (urinary) g/L: | | | | | | | | | Urinary Albumin-to-Creatinine Ratio (uACR) (mg/g): | | | | | | | | | | Egfr (mL/min/1.72m2): | | | |
| **Pathology:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathology required: Y/N | | | | | | | | | | | | | | | | Pathology test(s) ordered: | | | | | | | | | | | | |
| **Clinical service:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consultation outcome:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consultation length: Brief, standard, long | | | | | | | | | | | | | Clinical service type: | | | | | | | | | | | | | | | |
| Prescribed Pilot medication: | | | | | | | | | | OTC treatment: | | | | | | | | | | | Non-pharmacological management: | | | | | | | |
| Counselling and education: | | | | | | | | | | No intervention: | | | | | | | | | | | Other (please specify): | | | | | | | |