

# Best Possible Medication History Interview Guide

## Introduction

- Hello Mr./Mrs./Ms./Miss. \_\_\_\_\_ (client/ patient/ resident)
- My name is \_\_\_\_\_, (introduce self / 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?

## Medication Allergies

- Do you have any **medication allergies**?  YES  NO If yes, what happens when you take \_\_\_\_\_?

## Information Gathering

- Do you have your **medication list or pill bottles (vials)** with you?
- *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?

## Community Pharmacy

- What is the **name of the pharmacy** that you normally go to? (Name/Location: anticipate more than one)
  - May we call your pharmacy to clarify your medications if needed?

## Over the Counter (OTCs) Medications

- Are there any medications that you are taking that you do not need a prescription for? (Do you take anything that you would buy without a doctor's prescription?) Give example, e.g. Aspirin. If yes, how do you take \_\_\_\_\_?

## Vitamins/Minerals/Supplements

- Do you take any **vitamins** (e.g. multivitamin)? If yes, how do you take \_\_\_\_\_?
- Do you take any **minerals** (e.g. calcium, iron)? If yes, how do you take \_\_\_\_\_?
- Do you use any **supplements** (e.g. potassium, glucosamine, St. John's Wort)? If yes, how do you take \_\_\_?

## Eye/Ear/Nose Drops

- Do you use any **eye drops**? If yes, what are the names and how many drops do you use and how often? In which eye?
- Do you use any **ear or nose drops/nose sprays**? If yes, how do you use them?

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

- Do you use any **inhalers**? any **medicated patches**? medicated **creams or ointments**? any **injectable medications** (e.g. insulin)? For each If yes, how do you take \_\_\_\_\_? (name, strength, how often)
- Did your doctor give you any medication **samples** to try in the last few months?

## Antibiotics

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

## Closing

- This concludes our interview. Thank you for your time. Do you have any questions?
- If you **remember anything after our discussion** please contact me to update the information?

**Exit room, and wash hands. Proceed to document interaction in chart/file.**

**Note: Medical and Social History, if not specifically described in the char/file, may need to be clarified with patient**

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UHN Medication  
Reconciliation Task Force