



CLINICAL PHARMACY REPORT FORM (CP3)

A: WARD PHARMACY ACTIVITY

Date :	Routine Rounds	
Ward :	Grand Rounds	
Task : Full Time / Part Time	Pharmacist Rounds	
Physician(s) :	Number of Cases Clerked	
	Number of Cases Reviewed	
	Number of Patients in Ward	
	Number of Medication History (CP1) Taken	

B: INTERVENTIONS/ REQUESTS ENCOUNTERED

Interventions	Description	Number of interventions	Number of interventions accepted	Request/ Information Provided	Number	Total
(1) Incomplete Prescription	Patient data			Adverse Drug Reaction		
	Drug			Drug Toxicity		
	Dose			Drug Dosage		
	Frequency			Therapeutic Efficacy		
	Duration			Drug Indication		
(2) Incorrect/ Inappropriate/ Inadequate Regimen	Dr's Stamp & Sign			Drug Interaction		
	Drug			Pharmacokinetic		
	Dose			TPN		
	Frequency			General Product Information		
(3) Inappropriate Prescription	Duration			Pharmaceutical Availability		
	Polypharmacy			Pharmaceutical Compatibility		
	Contraindication			Pharmaceutical Identification		
(4) Miscellaneous	Drug Interaction					
	Incompatibility					
	Unclear Handwriting					
	Authenticity of Prescription/ Prescriber					
	Drug Administration Error			TOTAL INFORMATION PROVIDED		
	Suggest for Vital Signs Monitoring/ Laboratory Investigation					
TDM						
TPN						
TOTAL INTERVENTIONS						
				COUNSELLING	Number of Sessions	Total Number of Patients
				Bedside Counselling		
				Discharge Counselling		
				Group Counselling		
				GRAND TOTAL		



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C: DESCRIPTION OF REQUESTS/INTERVENTIONS ENCOUNTERED

D: FOLLOW-UP REQUIRED

No.	FOLLOW-UP	CHECKLIST	SIGN

Pharmacist's Sign & Stamp: _____

Time/ Date: _____