



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/FAR/BR206

REFERRAL OF COUNSELLING (CP4)

Code of Referral :

Patient Name/MRN/IC :

Name of Hospital/KK :

To Whom It May Concern:

1. DIAGNOSIS: _____

2. LIST OF DISCHARGED MEDICATION

Name of Drug/ Dosage & Frequency / Duration of Supplied Medication

3. Assessment of Understanding and Compliance to Medicine Therapy (not related if patient is not counselled)

(a) Patient is being counselled and understand about medication that had been prescribed

YES NO

(b) Compliance level about drugs

SATISFACTORY UNSATISFACTORY

(c) Compliance Aids

PILL BOX DRUG LEAFLETS OTHERS NO

4. Interventions/ Requests Encountered

	Drug counselling and medication aids that have been prescribed
	Evaluating compliance and understanding about drugs therapy that have been prescribed
	Drug storage issue
	Therapeutic Drug Monitoring on:
	Others:

Pharmacist's Sign & Stamp :

Phone Number :

Date :