



## Pharmacist Assessment Record (PAR) – General

<b>Patient Name:</b>	<b>Prescription Date:</b>
<b>Patient Address:</b>	
<b>Drug Name/Strength/Dosage:</b>	
<b>Quantity Prescribed:</b>	
<b>Direction for Use:</b>	
<b>Rationale for Prescribing the Prescription:</b>	
<b>Other Relevant Patient Information (i.e. drug-related problems, actions plans, etc. if applicable):</b>	
<b>Ordered by (name of prescribing pharmacist and pharmacy):</b>	
<b>Name of Patient's Doctor:</b>	
<b>Patient instructed to call doctor's office to make an appointment to review their drug therapy within:</b> <input type="checkbox"/> The next 72 hours <input type="checkbox"/> The next week	
<b>Pharmacist's Additional Comments:</b>	
<b>Patient's Consent Received:</b> <input type="checkbox"/> in writing <input type="checkbox"/> verbally	
<i>This document fulfills the requirements of the Saskatchewan College of Pharmacy Professionals Regulatory Bylaws</i>	

Revised: Nov 2016