

Appendix 1 (part 1 of 2): Self-administered form for best possible medication history. © 2015 Horizon Health Network. Reproduced with permission.

HOME MEDICATION QUESTIONNAIRE

Name: _____ Date of Birth: _____

Please complete the following questions regarding your medications and take your time completing the questions. Provide this form to your healthcare provider when you are called.

Please circle YES or NO to the following medications and list all of your medications in the table below:	
YES or NO Inhalers/Puffers	YES or NO Nicotine Products
YES or NO Creams, Gels, Ointments	YES or NO Herbals/Vitamins/ Supplements
YES or NO Injections (ex. Insulin)	YES or NO Cough and Cold Medications
YES or NO Mouth or Nose sprays (ex. Nitro Spray)	YES or NO Aspirin/ASA/Acetylsalicylic Acid
YES or NO Eye or Ear drops	YES or NO Tylenol/Acetaminophen
YES or NO Patches	YES or NO Advil/Ibuprofen
YES or NO Samples from your doctor	YES or NO Other Pain Relievers
YES or NO Clinical Trial Drugs	YES or NO Blood Thinners
YES or NO Sleeping Pills	(Ex. Warfarin/Coumadin, Rivaroxaban/Xarelto,
YES or NO Antibiotics	Apixaban/Eliquis, Dabigatran/Pradaxa, others)
YES or NO Stomach Remedies	

Do you take any prescription or non-prescription medications?

YES – Please list them ALL in the table below **NO**

PLEASE LIST ALL OF YOUR PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS BELOW			
NAME of Medication	STRENGTH of Medication	How do you take this medication?	What time of day do you take this?
EXAMPLE: Crestor/Rosuvastatin	20 mg	One tablet once daily	At supper
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

PLEASE TURN OVER FOR NEXT PAGE ➔

Supplementary material for MacDonald N, Manuel L, Brennan H, Musgrave E, Wanbon R, Stoica G. Reliability of best possible medication histories completed by non-admitted patients in the emergency department. *Can J Hosp Pharm.* 2017;70(4):263-9.

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ALLERGIES: Do you have any medication allergies? Please circle **YES** or **NO**

If you answered **YES**, please list the medications below and describe the reaction:

Medication Name	Describe Reaction	Medication Name	Describe Reaction
1.		2.	
3.		4.	

In the past month have you **started** taking any medications? If so, please list them below and explain why.

In the past month have you **stopped** taking any medications? If so, please list them below and explain why.

Have you recently (in the past THREE months) taken any **Antibiotics** for any type of infection?

Please circle **YES** or **NO**. If you answered **YES**, please list the antibiotic and the estimated date you took this.

Antibiotic Name	When did you take this?	Antibiotic Name	When did you take this?
1.		2.	
3.		4.	

Please place a check mark next to the following that apply to you:

- Use of Tobacco Products
 Alcohol Use
 Recreational Drug Use

Do you have Drug Coverage?

- YES**, my insurance is through _____
 NO, I pay out of pocket for my medications.

What pharmacy do you normally go to? (If you go to more than one pharmacy, please list them all).

Pharmacy Name: _____
 Pharmacy Location: _____

Who filled out this form?

- The patient
 Family/friend that lives with patient
 Primary Caregiver
 Family/friend that does not live with patient

Appendix 2 (part 1 of 2): Data collection form used by pharmacists to verify information in self-administered best possible medication history form. © 2015 Horizon Health Network. Reproduced with permission.

Patient Name: _____ Date: _____

Initials of Pharmacy Team Interviewer: _____

Baseline Demographics			
DOB:	Age:	Gender: M F	Triage Code:
Reason for Visit:		Intervention in Emergency Department:	
Discharge Diagnoses:			
Allergies/Intolerances:			
Tobacco Use:	Alcohol Use:	Recreational Drug Use:	

Medication Name	Medication Classification as per AHFSDI	Medication listed as High Alert by ISMP? (Yes or No)	How the patient takes this medication	Was this medication listed on the BPMH form? (Yes or No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Supplementary material for MacDonald N, Manuel L, Brennan H, Musgrave E, Wanbon R, Stoica G. Reliability of best possible medication histories completed by non-admitted patients in the emergency department. *Can J Hosp Pharm.* 2017;70(4):263-9.

Appendix 3: Definitions of severity and type of discrepancy¹⁻⁵

SEVERITY

Minor: Discrepancies of little clinical importance that would not be expected to affect the length of hospital stay or to significantly affect outcomes. This category has the potential to cause minimal patient discomfort or clinical deterioration.

Moderate: Discrepancies requiring adjustments that, if resolved, would provide minor reductions in patient morbidity or treatment costs. This category has the potential to cause moderate patient discomfort or clinical deterioration.

Major: Discrepancies requiring intervention to prevent detrimental adverse events. This category will likely lengthen hospital stay and may have long-term effects on patient care. These discrepancies have the potential to cause severe patient discomfort or clinical deterioration.

TYPE

Minor: Patient forgot to include a medication or allergy on the BPMH form

Commission: Patient listed on the BPMH form a medication that is not being taken or an allergy that the person does not have

Different dose, route, or frequency: Patient listed incorrect information about a medication on the BPMH form

Other: Any discrepancy on the BPMH form that does not fit into one of the above categories

BPMH = best possible medication history.

References

1. Cornish PL, Knowles SR, Marchesano R, Tam V, Shadowitz S, Juurlink DN, et al. Unintended medication discrepancies at the time of hospital admission. *Arch Intern Med.* 2005;165(4):424-9.
2. Kumar S, Dahal P, Venkataraman R, Fuloria PC. Assessment of clinical pharmacist intervention in tertiary care teaching hospital of Southern India. *Asian J Pharm Clin Res.* 2013;6 Suppl 2:258-61.
3. Blix HS. Drug-related problems in hospitalised patients: a prospective bedside study of an issue needing particular attention [PhD dissertation]. Oslo (Norway): University of Oslo; 2007.
4. A risk matrix for risk managers. London (UK): National Patient Safety Agency; 2008 [cited 2015 Oct 25]. Available from: www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety-tools-and-guidance/risk-assessment-guides/risk-matrix-for-risk-managers/
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