Patient Identifier: Patient Agreed to Callback: Yes/No

Opioid Callback Program: Process Steps

Part 1: Prescription Information

Pick-up date:	SIG:
Medication:	Quantity:

Part 2: Introductory Script and Telephone Contact:

(Pharmacy name) is piloting an Opioid Callback program. We would like to call you in 2 to 3 days to check-in regarding how your prescription for pain management is working, and if I can provide additional support.

When would be a good time to call in a few days to see how things are going?

Attempt 1 (Date): Attempt 2 (Date): Attempt 3 (Date):

Part 2: Medication Use and Pain Assessment

Introductory Text: It looks like on (date) you picked up (medication name) for pain control.

1) What are you taking this medication for? (e.g., wisdom teeth, broken bone, post-surgery)?

2) How are you taking this medication now?

   a. How frequently are/were you taking this medication?

   b. How many tablets/capsules do/did you take?

3) What side-effects have/had you experienced from taking the medication(s)? [Note: Ensure patient has a bowel regimen]

4) Where are you storing the medications (e.g., counter, locked-up, do not know)? If not locked-up, emphasize the importance of keep the opioid out of reach of other individuals.

Part 3: Pain Assessment

1) Since you last picked up your prescription, would you describe your pain as:
   - ☐ Better (Skip to Part 4)
   - ☐ Worse
   - ☐ The Same

   Questions to ask if pain is worse or the same

   What makes your pain worse?

   What have you tried to make your pain better?

   Interventions made (if any):

2) Can we call you back in 1 month to see how you are doing?
   - ☐ Yes
   - ☐ No

Part 4: Medication Disposal and Safety

When you picked up your prescription at the pharmacy, do you recall talking with the pharmacist about medication disposal options?

- ☐ Yes
  - If yes, what type of medication disposal options were discussed or shared with you?
  - If yes, have you disposed of your opioid if you are no longer taking it?
- ☐ No (Would you like to learn more about how to safely dispose of your opioid medication?)

What methods of opioid safety were discussed when you picked up your prescription at the pharmacy?

- ❑ No discussion of opioid safety
- ❑ Naloxone
- ❑ Drug interactions (alcohol, BZDs)
- ❑ Not taking more than prescribed
- ❑ Other:

Thank you for your time and for choosing (pharmacy name) for your medication needs!

DEMOGRAPHICS		
Patient Name: DOB:	PCP: NPI:	Today's Date:
Phone Number:	Original Rx #:	RPh:
INTERVENTION		
Date Picked Up:	Date of Intervention:	Time of Phone Call: Length of Phone Call:
Drug Name:	Directions: Duration of Therapy:	Prescriber:
SYMPTOMS & SIDE EFFECTS	ADHERENCE	SAFETY
Pain Score: 1 2 3 4 5 6 7 8 9 10 List other symptoms of pain: Has the patient experienced side effects with their opioid medication? ❑ None ❑ Constipation ❑ Drowsiness ❑ Nausea ❑ Other: Has patient utilized other methods of pain relief? ❑ No ❑ Yes, explain: Is the patient willing to try alternative pain control methods? ❑ Yes ❑ No What alternative pain control methods were discussed with the patient? Other Notes:	How is patient taking? ❑ As prescribed ❑ Other: Has patient had to take more than prescribed? ❑ No ❑ Yes, why? Other Notes:	Does the patient have issues disposing of the medication? ❑ No ❑ Yes What opioid disposal methods were discussed? ❑ DisposeRx ❑ Drug takeback programs ❑ Other: What methods of opioid safety were discussed? ❑ Naloxone ❑ Drug interactions (alcohol, BZDs) ❑ Not taking more than prescribed ❑ Other: Other Notes:

<table>
<tr><td>Consult Notes:</td><td rowspan="3">Level 1 Recommendations:

❑ Conversion to OTC
❑ Decrease Dose
❑ Dose Formulation Change
❑ Dose Consolidation
❑ Formulary Interchange
❑ Increase Dose
❑ Lengthen Duration
❑ Medication Addition
❑ Medication Deletion
❑ Shorten Duration
❑ Therapeutic Interchange
❑ Naloxone Training
❑ Disposal Training</td></tr>
<tr><td>Assessment/Plan:</td></tr>
<tr><td>Items to Follow-Up On:</td></tr>
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