Data Extraction Sheet - ver. 3

Date of consultation_____ Time_____

Name of patient _____ Date of Birth/ Age_____

Reason for Encounter/ Problem Presented (at this consultation)	Additional comments	Action taken (if any)		
		Rx	OTC	No Rx

List all medicines prescribed or recommended ***at this consultation*** (including repeats)

Medicine prescribed/ recommended (incl. Dosage, regimen and duration)	What prescribed for (Indication)	When started*	Comments✝

* 'n' = new; '<1m' = less than a month ago '>1m' = more than a month ago
if <1m give date started;
✝ if only otc recommendation write 'otc'; if medication to be dispensed later only if needed write 'deferred'

Other actions taken at this consultation
e.g. drug stopped/ dose altered (state drug); tests ordered; referral made etc.

List all other medications the patient is on (see repeat prescription card or equivalent - if available)

List of co-existing medical conditions (see Summary card/ Problem List - if available)

Please provide any other information you feel may help the research team understand the context of this particular patient or consultation or use of medicines