



# YOUR PHARMACIST CAN NOW CARRY OUT NEW PROFESSIONAL FUNCTIONS

## HEALTH ISSUE CONSULTATION

### Information required to prepare your consultation

Your pharmacist can offer you a consultation to prevent or treat certain health issues by recommending over-the-counter medication, by prescribing prescription medication, or by offering simple tips to obtain relief.

Your pharmacist needs to know several pieces of information to best serve you. By offering all the information needed, you can help your pharmacist complete his/her work. The information gathered will be stored confidentially in your record.

Once the questionnaire has been completed, bring it to the consultation with the pharmacist, who will meet with you to assess the situation and to recommend an appropriate alternative.

### Section 1 - GENERAL INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_

Gender M  F

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family doctor \_\_\_\_\_ I don't have a family doctor

Do you have allergies or intolerances to medications, foods or any other substances?

\_\_\_\_\_  
\_\_\_\_\_

Are you taking medications or natural products that are not indicated in your pharmacy record?

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? Yes  No

If so, how many cigarettes per day? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ kg \_\_\_\_\_ lb

Are you pregnant? Yes  No  It's possible  If so, what is your due date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you breastfeeding? Yes  No

### Section 2 - INFORMATION CONCERNING THE HEALTH ISSUE

What are your symptoms? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you tried taking medications to relieve your symptoms? Yes  No

If so, which one(s)? \_\_\_\_\_

Have you consulted a doctor for this issue before? Yes  No

If so, how long ago (approximately)? \_\_\_\_\_

***Because of their considerable availability and knowledge, pharmacists can be of invaluable assistance in many situations, so don't hesitate to ask them for advice!***