[Company name]

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Patient counselling checklist

Cover every essential point when handing out medicines - consistent, safe advice for every patient.

Session details

Patient name: _____

Medicine: _____

New or repeat: _____

Date: _____

Counselled by: _____

Counselling points

[ ] What the medicine is for

[ ] How and when to take it (dose, timing, with/without food)

[ ] How long to take it / when to expect benefit

[ ] What to do if a dose is missed

[ ] Common side effects and what to do about them

[ ] Serious side effects - when to seek help

[ ] Interactions (other medicines, alcohol, food)

[ ] Storage instructions

[ ] What not to do (e.g. stop suddenly, share with others)

[ ] Follow-up - when to return or see the prescriber

[ ] Patient questions answered

[ ] Written information leaflet supplied

Notes [Record patient understanding, concerns raised, or referrals made.]

Sign-off

Pharmacist signature: _____ **Date:** _____