

**Documentation of Patient Care Activity – 1101/2101
Pharmaceutical Care**

Candidate Name _____ Date of Event _____

Event's Title _____

Patient Care Activity Documentation (to be completed at time of service activity)

	Preceptor Initials
Time in: _____ AM/PM	
Time out: _____ AM/PM	
Total Hours = _____	

Check activities performed

- | | | |
|--|---|--|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Med Counseling | <input type="checkbox"/> Immunization Admin. |
| <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> Disease Counseling | <input type="checkbox"/> Triage/Patient History |
| <input type="checkbox"/> Cholesterol Check | <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Other (describe activity) |

Preceptor:

Rate the following on a scale from 1-5 (1 Strongly Disagree; 5 Strongly Agree)

- a) The student was dressed appropriately (i.e. white coat, no jeans, etc) and demonstrated professional behavior 1 2 3 4 5
- b) The student demonstrated excellent communication skills 1 2 3 4 5
- c) The student appropriately performed all assessments, counseling, or other patient care activities. 1 2 3 4 5

Total Points (out of 15 maximum): _____

Select the student's grade for this activity:

15 = 100%, 14 = 95%, 13 = 90%, 12 = 85%, 11 = 80%, 10 = 75%, 9 = 70%, 8 = 65%

Number of participants with whom the student interacted/screened: _____

Comments: _____

Student Signature

Date: _____

Pharmacist Signature

Date: _____