



Appendix D: Forms

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IPPE Drug Summary Form

Student Name: _____

Preceptor: _____

Generic Name	
Brand Name(s)	
Therapeutic Class	
FDA Indications	
Dose Range	
Availability	
Contraindications	
Side Effects	
Patient Counseling	



Example IPPE Drug Summary Form

Generic Name	Simvastatin
Brand Name(s)	Zocor Vytorin (simvastatin-ezetimibe) Simcor (simvastatin-niacin)
Therapeutic Class	HMG-CoA reductase inhibitor
FDA Indications	CVA prophylaxis Coronary arteriosclerosis prophylaxis Prophylaxis of vascular disorders in diabetes Hypercholesterolemia Familial hypercholesterolemia
Dose Range	10 mg starting dose (Range 5-40 mg)
Availability	5, 10, 20, 40, 80 mg tablets
Contraindications	Acute liver disease Pregnancy and lactation
Side Effects	GI Headache URI Hepatotoxicity Ruptured tendon Myositis Rhabdomyolitis
Patient Counseling	Take at bedtime. Take with or without food.



UNION UNIVERSITY

SCHOOL of PHARMACY

Introduction to Community Practice I

OTC Formulary Form

Complaint	Product Name	Ingredients	Uses/Indications	Side Effects	Dosing/Directions
Allergies					
Cough					
Cold symptoms					
Musculoskeletal pain					
Indigestion					
Insect bites or stings					
Minor burns or sunburns					
Fungal skin infections					
Contact dermatitis					
Eye products					
Ear products					



Drug Information Form

STUDENT NAME				
PRECEPTOR NAME				
SITE				
REQUESTOR INFORMATION				
Date:		Time:		
Name:				
Phone:		Pager:		
Address:				
REQUEST TYPE				
<input type="checkbox"/> Administration	<input type="checkbox"/> Identification	<input type="checkbox"/> Pharmacology		
<input type="checkbox"/> Adverse reaction	<input type="checkbox"/> Interaction	<input type="checkbox"/> Pharmacy law		
<input type="checkbox"/> Availability	<input type="checkbox"/> Investigational drug	<input type="checkbox"/> Pharmacy practice		
<input type="checkbox"/> Compatibility	<input type="checkbox"/> Laboratory information	<input type="checkbox"/> Poisoning/toxicology		
<input type="checkbox"/> Compounding	<input type="checkbox"/> Natural product	<input type="checkbox"/> Pregnancy/lactation		
<input type="checkbox"/> Cost	<input type="checkbox"/> Patient information	<input type="checkbox"/> Stability		
<input type="checkbox"/> Dosing	<input type="checkbox"/> Pharmacokinetics	<input type="checkbox"/> Therapeutic use/efficacy		
<input type="checkbox"/> Drug selection	<input type="checkbox"/> Other:			
HISTORY, BACKGROUND INFORMATION, and NOTES				
Patient Identifier:				
Location:				
Age:	Race:	Sex:	Height:	Weight:
Allergies	Problem List	Medication List	Chemistry/Microbiology	

CLEAR STATEMENT OF REQUEST
CITATIONS/REFERENCES
RESPONSE