[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	[Patient full name]
Medicine	[Medicine name and strength]
New or repeat	[New / repeat supply]
Date	[Date]
Counselled by	[Pharmacist name]

Counselling points

Point covered	Done
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

[Company name]

Pharmacist signature	Date	