



### PHARMACIST-RUN CLINIC EVALUATION FORM

FULL NAME: \_\_\_\_\_ DOD ID # \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ MEDICATION ALLERGIES: \_\_\_\_\_

This clinic is intended to treat acute illnesses/conditions for Tricare beneficiaries 18 years of age and older. This program is not intended to treat chronic conditions. A pharmacist will perform a consultation with you and then recommend/provide products to alleviate symptoms of cough, cold, allergies, minor aches and pains. However, we will not diagnosis you with any medical conditions.

**\*NOTE: If you feel like you need to be evaluated by a health care provider today, DO NOT FILL OUT THIS FORM.** Instead, please report to your provider's clinic for assistance.

**Please mark the symptom(s) you are currently experiencing:**

(X) Mark Symptom	Symptom Details
<input type="checkbox"/> Fever/Aches/Pains	
<input type="checkbox"/> Cough	
<input type="checkbox"/> Seasonal Allergies	
<input type="checkbox"/> Sinus Congestion	
<input type="checkbox"/> Chest Congestion	
<input type="checkbox"/> Runny Nose	
<input type="checkbox"/> Heartburn	

1. Are you a Tricare beneficiary? YES NO
2. Are you currently pregnant? YES NO N/A
3. Are you on flight status/PRP/AUoF? YES NO
4. Do you have any questions about the use of the medications provided to you today? YES NO

By signing below, I certify that the below information is accurate and that the following statements are true to the best of my knowledge:

- I do not wish to see a physician or other health care provider for advice before receiving this medication
- I understand this medication is for minor illnesses or conditions only and that I cannot receive these medications from the Self-Care Program again within 90 days. If I need medication again during that time, I should be seen by a medical provider
- If symptoms worsen or do not improve within 48 hours, I should be seen by a medical provider
- I will not share this medication with anyone else

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION BELOW TO BE FILLED OUT BY A PHARMACIST ONLY**

Medications	Selection	Pregnancy	Comment
Tylenol (acetaminophen) 325 mg tablets (50)			
Motrin (ibuprofen) 200 mg tablets (24)			
Claritin (loratadine) 10 mg tablets (30)			
Zyrtec (cetirizine) 10 mg tablets (30)			
Allegra (fexofenadine) 180 mg tablets (30)			
Benadryl (diphenhydramine) 25 mg capsules (24)			
Zaditor (ketotifen) 0.025% ophthalmic eye drops (5 mL)			
Patanol (olopatadine) 0.1% ophthalmic eye drops (5 ml)			
Refresh Eye Drops (15 mL bottle)			
Flonase (fluticasone) 50 mcg/nasal spray (120 sprays)			
Sudafed (pseudoephedrine) 30 mg tablets (24)			
Afrin (oxymetazoline) 0.05% nasal spray (15 mL)			
Saline Nose Spray (44 mL)			
Sinus Rinse Kit with 50 packets (1)			
Sinus Rinse Refill with 100 packets (1)			
Mucinex (guaifenesin) 600 mg tablets (20)			
Cepacol Extra Strength Lozenges (benzocaine/menthol 15 mg/3.6mg) (16)			
Robatussin DM (dextromethorphan/guaifenesin 10 mg/100 mg/5 mL) 118 mL			
Zantac Extra Strength (ranitidine) 150 mg tablet (28)			
Prenatal Vitamin tablets (30)			

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_