

# SWAMY VIVEKANANDHA COLLEGE OF PHARMACY

## Department of Pharmacy Practice

Tiruchengode - 637205, Namakkal (Dt), Tamilnadu, India.

Phone : 04288-234417, Mobile : 98650 88576 & 99425 90910

Email : svcpdpic2012@gmail.com

### DRUG INFORMATION REQUEST FORM

Date :

Query No.

Time :

#### Details of the Enquirer

Name with Department :

Identity :  Physician  Pharmacist  Nurse  Patient  Others

Purpose :  Academic  Patient specific  To update knowledge  Others

Information required:

Background information : (if patient specific)

Name :

Age :

Sex :

Diagnosis :

Signature of the enquirer

(Pharmacist use only)

Mode of receipt :

Direct access  Telephone  Ward rounds  email

Name of the Pharmacist

Signature of the Pharmacist

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### DRUG INFORMATION DOCUMENTATION FORM

Date :

Query No.

Time :

Information required :

Category of the enquiry:

- |   |  |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> General        | <input type="checkbox"/> Indication        | <input type="checkbox"/> Treatment    | <input type="checkbox"/> Dosage       |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Drug Availability | <input type="checkbox"/> ADR          | <input type="checkbox"/> Interactions |
| <input type="checkbox"/> Poisoning      | <input type="checkbox"/> Ph. kinetics      | <input type="checkbox"/> Ph. dynamics | <input type="checkbox"/> Others       |

Time duration to give information

Information to give within :

- 10 minutes     30-60 minutes     with in a day     within 2 days

Time taken to give the information :

- 10 minutes     30-60 minutes     with in a day     within 2 days

Mode of reply :

- Printed     Written     Verbal     Verbal and printed     Verbal and written

Information provided :

References

- Primary source     Secondary Source     Tertiary source     Website     Others

Signature with date