

1. Information about the person

First name:		Family name:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>	Telephone:	
Address:							

2. Assessment interview

Activity		Yes	No
Ask:	Do you have difficulty organising or remembering to take medicines as directed by the doctor?	<input type="checkbox"/> → A pill organizer may help	<input type="checkbox"/> → Stop assessment
	Are you able to take pills without assistance?	<input type="checkbox"/> → Continue to assessment	<input type="checkbox"/> → Ask next question
	Is a caregiver available to assist you to manage your medicine?	<input type="checkbox"/> → Record caregiver details	<input type="checkbox"/> → Refer back to doctor or pharmacist
Caregiver			
First name:		Family name:	
Relationship to person:			No caregiver <input type="checkbox"/>

3. Check

Medicine list		Yes	No
Refer to medicine list:	Is the medicine list complete?	<input type="checkbox"/> → Continue	<input type="checkbox"/> → Discuss reason → Refer back to doctor or pharmacist if necessary
	Does the person take any pill more than once each day?	<input type="checkbox"/> → Multiple compartment pill organizer	<input type="checkbox"/> → Single compartment pill organizer
Ask:	Do you understand what each pill is for?	<input type="checkbox"/> → Continue	<input type="checkbox"/> → Explain each pill
For people who already have a pill organizer		Yes	No
Ask:	Does the pill organizer suit you and your needs?	<input type="checkbox"/> → Continue	<input type="checkbox"/> → Discuss how to use → Refer back to doctor or pharmacist if necessary
	Is pill organizer in good working order?	<input type="checkbox"/> → Continue	<input type="checkbox"/> → Replace

4. Plan

Provide pill organizer:	Multiple compartment <input type="checkbox"/>	Single compartment <input type="checkbox"/>
Refer to:	Doctor or pharmacist <input type="checkbox"/> Other: <input type="text"/>	Follow up date: <input type="text"/>

Prepare and teach person how to use pill organizer

Use medicine list to load each day of pill organizer	<ul style="list-style-type: none"> What pill looks like How many pills / How often / Time of day
How to use	<ul style="list-style-type: none"> Plan a routine and / or set an alarm. Select an appropriate space to keep pill organizer. Keep out of reach of children or others at risk. Refill same time each week. Ask doctor or pharmacist for medicine review every 6-12 months.
If difficulty using pill organizer	<ul style="list-style-type: none"> Follow up within one week Check if any follow up training needed Refer back to doctor or pharmacist if having difficulties.