



# Pharmaceutical Case Management Checklist Template

## Case Intake & Assessment

Initial information gathering, patient history, and risk assessment.

### Patient Referral Source

Write something...

### Patient Age

Enter a number...

### Date of Initial Contact

Enter date...

### Primary Diagnosis

☐ Type A

☐ Type B

☐ Type C


### Relevant Medical History

- ☐ Diabetes
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Allergies

### Reason for Referral (Detailed)

Write something...

### Referral Documentation (if applicable)

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## Regulatory Compliance

Ensuring adherence to relevant pharmaceutical regulations (e.g., FDA, EMA).

### Applicable Regulations (e.g., FDA, EMA, GCP)

- ☐ FDA (US Food and Drug Administration)
- ☐ EMA (European Medicines Agency)
- ☐ GCP (Good Clinical Practice)
- ☐ Other (Specify in Long Text)

### Specific Regulatory Requirements Addressed

Write something...

### Date of Last Regulatory Audit

Enter date...

### Audit Score/Rating (if applicable)

Enter a number...


### Summary of Audit Findings & Corrective Actions

Write something...

### Document Review Status (e.g., Regulatory Submission)

- ☐ Not Applicable
- ☐ In Progress
- ☐ Approved
- ☐ Rejected

### Supporting Documentation (Regulatory submissions, approval letters)

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## Patient Communication & Education

Documenting patient interactions, providing medication information, and addressing concerns.

## Summary of Patient Education Provided

Write something...

## Preferred Communication Method

- ☐ Phone
- ☐ Email
- ☐ Mail
- ☐ In-Person

## Date of Last Patient Communication

Enter date...

## Time of Last Patient Communication

Enter time...

## Topics Discussed (Select all that apply)

- ☐ Medication Instructions
- ☐ Potential Side Effects
- ☐ Dietary Restrictions
- ☐ Lifestyle Recommendations
- ☐ Follow-up Appointments

## Patient Education Materials (e.g., brochures, videos)

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## Patient Acknowledgement of Education

# Medication Management

Tracking medication orders, refills, and any adverse events.

## Medication Order Status

- ☐ New
- ☐ Pending
- ☐ Approved
- ☐ Rejected
- ☐ Filled

## Medication Name

## Dosage

## Route of Administration

- ☐ Oral
- ☐ IV
- ☐ IM
- ☐ Subcutaneous
- ☐ Topical

### First Dose Date

### Refills Remaining

### Notes Regarding Medication

### Last Refill Date

## Clinical Monitoring

Recording vital signs, lab results, and other relevant clinical data.

### Date of Last Vitals Check

### Time of Last Vitals Check

### **Blood Pressure (Systolic)**

Enter a number...

### **Blood Pressure (Diastolic)**

Enter a number...

### **Heart Rate (BPM)**

Enter a number...

### **Temperature (°C/°F)**

Enter a number...

### **Respiratory Rate (breaths/min)**

Enter a number...

### **Clinical Observations (e.g., edema, skin condition)**

Write something...

## **Adherence & Support**

Monitoring patient adherence to treatment plans and providing support services.

### Medication Dosage Taken (mg)

Enter a number...

### Date of Last Medication Intake

Enter date...

### Time of Last Medication Intake

Enter time...

### Reason for Non-Adherence (if applicable)

- ☐ Forgetfulness
- ☐ Side Effects
- ☐ Cost
- ☐ Lack of Understanding
- ☐ Other

### Description of Challenges with Adherence (if any)

Write something...



### Support Services Provided

- ☐ Reminders (phone/text)
- ☐ Educational Materials
- ☐ Family/Caregiver Support
- ☐ Community Resources
- ☐ None

### Patient Satisfaction with Support

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

## Data Security & Privacy

Maintaining patient confidentiality and complying with HIPAA and other privacy regulations.

### Data Encryption Method

- ☐ AES-256
- ☐ RSA
- ☐ Triple DES
- ☐ Other (Specify)

### HIPAA Compliance Status

- ☐ Compliant
- ☐ Working Towards Compliance
- ☐ Not Compliant

### Last Security Audit Date

Enter date...

### Description of Access Control Measures

Write something...

### Number of Data Breaches Reported (Past Year)

Enter a number...

### Data Security Training Topics Covered

- ☐ Phishing Awareness
- ☐ Password Security
- ☐ Data Handling Procedures
- ☐ HIPAA Regulations

### Data Residency Location

- ☐ United States
- ☐ Europe
- ☐ Canada
- ☐ Other (Specify)

## Case Updates & Reporting

Regularly updating case status and generating reports as required.

### Date of Last Update

Enter date...

### Time of Last Update

Enter time...

### Summary of Updates Since Last Report

Write something...

### Number of Interactions (Patient, Physician, etc.)

Enter a number...

### Overall Case Status

- ☐ Active
- ☐ Stable
- ☐ Escalated
- ☐ Resolved
- ☐ Closed

### Supporting Documentation (e.g., lab results, physician notes)

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## Case Closure & Documentation

Finalizing case details, archiving documents, and ensuring complete record keeping.

**Case Closure Date**

Enter date...

**Summary of Case Outcomes & Results**

Write something...

**Case Resolution Status**

- ☐ Resolved
- ☐ Transferred
- ☐ Closed - Unresolved

**Final Case Report (if applicable)**

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**Notes on Case Closure and Potential Follow-up Needs**

Write something...

**Case Manager Signature**

### Reason for Case Closure

- ☐ Treatment Complete
- ☐ Patient Transfer
- ☐ Patient Non-Compliance
- ☐ Other

## Risk Management & Incident Reporting

Identifying and documenting potential risks, and reporting incidents appropriately.

### Incident Severity Level

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

### Detailed Incident Description

Write something...

### Estimated Financial Impact (\$)

Enter a number...

### Incident Date

Enter date...

**Incident Time**

Enter time...

**Related Regulations/Policies**

- ☐ FDA Regulations
- ☐ HIPAA
- ☐ Company Policy 123
- ☐ Standard Operating Procedures

**Supporting Documentation (e.g., Photos, Reports)**

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