

## Patient Attachment

- This Patient Attachment relates to the Collaborative Pharmacy Practice Agreement between me, Dr. \_\_\_\_\_, and pharmacist William Parker.
- Date: \_\_\_\_\_
- Patient name: \_\_\_\_\_
- Patient's chronic health condition(s) to be collaboratively managed by William Parker (initial all that apply):
  - Arthritis \_\_\_\_\_
  - Asthma \_\_\_\_\_
  - COPD \_\_\_\_\_
  - Type 2 diabetes \_\_\_\_\_
  - HIV or AIDS \_\_\_\_\_
  - Obesity \_\_\_\_\_
  - Hyperlipidemia \_\_\_\_\_
  - Hypertension \_\_\_\_\_
  - Anti-coagulation management \_\_\_\_\_
  - Smoking cessation \_\_\_\_\_
  - Opioid use disorder \_\_\_\_\_
- Specific medicinal drug(s) to be managed for patient \_\_\_\_\_ by William Parker:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Under the following circumstances, William Parker may order or perform and evaluate laboratory or clinical tests for patient \_\_\_\_\_:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Upon occurrence of the following conditions and events, William Parker must notify me in the manner and timeframe specified below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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