

# PATIENT ASSESSMENT FORM

## Malaria Prophylaxis

Patient name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Weight (if under 45kg) \_\_\_\_\_  
Name of parent/guardian, if patient under 16 years \_\_\_\_\_

Name of GP (optional) \_\_\_\_\_  
Name & address of surgery (optional) \_\_\_\_\_  
Would you like your GP to be sent a copy?  Yes  No

### Malarone - atovaquone/proguanil, Doxycycline or Lariam?

Your Pharmacist will advise which tablets are recommended.

Where are you travelling (include all countries and districts) and how long will you be staying in each area?

Country/district	From date	To date

You **MUST** read the *Patient Information Leaflet – Malaria Prevention* before completing this form. The leaflet will help you decide which type of tablet you require.

### Current Medications

Please list your current medication. Include prescription medication and over the counter medications/drugs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Important information

- No malaria prevention tablet is 100% effective.
- Reduce risk by avoiding bites.
- You **MUST** read the Information Leaflet supplied with your tablets.

Patient's (or Parent/Guardian's) Signature: \_\_\_\_\_

Date:        /        /       

### FOR PHARMACISTS USE ONLY

'How to take' advice given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient under 16 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes _____ _____
Side effects discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient under 45kg? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient information leaflet given? <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes enter weight: _____	

Doses of Malarone - atovaquone/proguanil, Doxycycline or Lariam & duration of treatment, including under 16 years and 6–45kg, see *Instructions for Pharmacists* (updated 05/03/13).

### Medication supplied

Doxycycline 100mg    Malarone - atovaquone/proguanil adult 250mg/100mg    Malarone - atovaquone/proguanil paediatric 62.5mg/25mg    Lariam Mefloquine 250mg

Qty	Name of Pharmacist	Signature	Date	Cost

**UPDATED 05/03/2013 TO INCLUDE GENERIC ATOVAQUONE/PROGUANIL - USE ONLY WITH UPDATED PATIENT LEAFLET AND INSTRUCTIONS FOR PHARMACISTS**