Date:_____

OREGON PATIENT COUNSELING LOG

Rx Number	Patient Counseling		RPh/Intern Initials
	Accept	Decline	

*Each day must be entered on a separate dated sheet.
*Log entries must be completed at the time the counseling or offer to counsel occurs.
*The Pharmacist or Intern is responsible for the accuracy of information on the initialed line.

Pharmacist/Intern Name	Initials
_____	_____
_____	_____
_____	_____
_____	_____