

MAP-AP Study Case Report Form (For Pharmacist Partner use)

Intervention type performed	Check Box	Details
Reviewed questionnaire results with participant	<input type="checkbox"/>	
Performed clinical assessment of depression and/or anxiety	<input type="checkbox"/>	
Recommended medication adjustment, change, add-on, or deprescribing to physician	<input type="checkbox"/>	
Prescribed dose adjustment (increase or decrease dose)	<input type="checkbox"/>	
Prescribed medication change (to different medication)	<input type="checkbox"/>	
Prescribed add-on medication	<input type="checkbox"/>	
De-prescribed medication	<input type="checkbox"/>	
Provided medication counselling and education	<input type="checkbox"/>	
Non-Pharm Counselling	<input type="checkbox"/>	
Recommended physician for psychologist and/or psychiatrist referral	<input type="checkbox"/>	
Update physician (fax or electronic charting)	<input type="checkbox"/>	
Identified adverse effect	<input type="checkbox"/>	
Identified suicide attempt	<input type="checkbox"/>	
Pharmacist Initiated Follow-up		
In-person	<input type="checkbox"/>	
Phone	<input type="checkbox"/>	
Telehealth	<input type="checkbox"/>	

Questions please contact primary investigator Dr. Yazid Al Hamarneh (780) 492-9608, Dr. Matt Chow (587) 999-0778, or Dr. Dr. Dan Burton ((780) 819-7880