UNIVERSITY OF ALBERTA

REB ID Pro00093776

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

Participant ID #: _____

Indication: MDD/GAD/Both (circle one)

INTERVENTION OR CONTROL GROUP

(Circle one of the above)

Age:_____ **Gender:** _____

Date of enrollment (DD/MM/YY) _____/_____/____

Current date (DD/MM/YY): _____/_____/____

Intervention type performed	Check Box	Details
Reviewed questionnaire results with participant	☐	
Performed clinical assessment of depression and/or anxiety	☐	
Recommended medication adjustment, change, add-on, or deprescribing to physician	☐	
Prescribed dose adjustment (increase or decrease dose)	☐	
Prescribed medication change (to different medication)	☐	
Prescribed add-on medication	☐	
De-prescribed medication	☐	
Provided medication counselling and education	☐	
Non-Pharm Counselling	☐	
Recommended physician for psychologist and/or psychiatrist referral	☐	
Update physician (fax or electronic charting)	☐	
Identified drug interaction	☐	
Identified adverse effect	☐	
Identified suicide attempt	☐	
In-person/Telehealth follow-up	☐	
Telephone Follow-up call (pharmacist initiated)	☐	

Please fax this completed form to the MAP-AP research office 1-780-492-6059 (U of A)

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