Japanese version of PEM

Prescription Event Monitoring(PEM)

Patient Registration Form（**to be retained in pharmacy**）

Register one drug prescribed to the patient for the first time in his/her life
Select one prescribing doctor who is considered to be the best when a questionnaire is mailed

DrugName :	
Patient code :	
Patient Name :	
Patient ID in your pharmacy:	
Hospital where prescription issued :	
Prescribing doctor :	Doctor code number :
Inquiry: Kiyoshi Kubota (Department of Pharmacoepdimiology, Faculty of Medicine, University of Tokyo) Address Telephone number Facsimile Number	

Please cut into two pieces and retain the upper half in your pharmacy as a master record and send us only the lower half by mail or fax.

---------- Cut here ----------

Prescription Event Monitoring(PEM)
Registration Form(**To be sent for registration**)

Drug Name :	
Patient code :	Doctor code:
Age: Y（on the day of the first prescription）	Sex: M ・ F
Prescription Date : / /	

（Please indicate the date when the patient was prescribedthe drug for the first time anywhere)

★Please give the information below in order to compare doctors' response in each category of facilities

☆Institute where prescription has been issued:

1. Name of the institute※: _____Prefecture where hospital or medical office is located : ____.

（※If inappropriate, please give a unique initial of the institute.）

2. Does the institute have a hospital pharmacy inside the institute ? Y N

3. Category of the institute:

A. Medical office* a. Private b. inside a firm Number of Doctors

B. Hospital a. Public category :____number of beds:____.

b. Others number of beds:____.

C. University hospital

* Medical office refers a facility with less than 20 beds or no beds while hospital is a facility with 20 beds or more

Pharmacy name and pharmacist