

Service Design

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Provision Reports Preview

 [Basic Provision Record \(Sample\)](#)

 [Refer to GP with ADR \(Sample\)](#)

Service Support

If you receive a referral for a housebound patient, please click [here](#) for further guidance and access to PREM2 forms.

Transfer of Care (ToC) - Pharmacy Follow-up (Preview)

Enrolment Requirements

[Preview Service for Commissioner](#)

The commissioner requires that the individual delivering this service meets certain criteria. Enter your name in the box below and select from the list.

Practitioner Name

Enter your full name in the box above...
Then either select your name when it appears,
or select "New Practitioner" if you have not enrolled before.

Registration Details brought forward

Original Referral	28 May 2015
Referred from	Violet Patch PharmacyF1234(Flowers Medical Centre 5477)
Patient Name	Mickey Mouse
Date of Birth	2003 Feb 01
Ethnicity	Not Stated
Gender	Male
Address	123 Alphabet Road, Broad way
Postcode	AB12 3CD
NHS Number	1111111111
Contact Details	email MickeyMouse@Invalid, tel 01234 567890 not weekends
Consent Granted	Consent Granted: One of: Yes; No
Name of pharmacy	Provider being referred to
GP Practice	Selection from "GP Surgeries" lookup list
Patient Information	Patient Information: None or more of: Reported allergies; Medication changes; Other
Further Information	Answer to "Further Information" text box
Recommendations	Recommendations: None or more of: Medicine Use Review; New Medicine Service
New medicine	Answer to "New medicine" single line input
Notes	Answer to "Notes" text box
Name	Answer to "Name" single line input
Job title	Answer to "Job title" single line input
Contact number	Answer to "Contact number" single line input

Acceptance and completion of referred service

Referral Accepted for completion now [Revert and discard changes](#)

Follow up date

Long term condition

As a result of the support provided, the patient has a better understanding of:

From NMS, MUR or Advice Given

- Their cardiac condition
- Their diabetes
- Their respiratory condition
- The purpose of their medication
- When to take/use their medicines
- How to take/use their medicines
- Other

If 'other', please provide details. Tick ALL that apply

Side-effects Experienced

Adverse Drug Reactions

- Not Applicable - No ADRs
- Manageable and non-harmful - patient to continue
- Patient stopped taking medicine
- Refer to GP

Detail of any side effects/ADRs

Details recorded here will also appear on the GP referral letter if patient is referred

Yellow Card Report Yes No Not Applicable

Was a Yellow Card report made to the MHRA

Audit of support provided - Tick all that apply

Support services provided

- None
- New Medicines Service
- Medicines Use Review
This will be count as a targeted MUR
- Medicines reconciliation
Do not tick if meds already reconciled
- MAR chart provided
- Large print labels
- Talking labels
- Easy open tops
- Review dose form
- Review MDS arrangements
- Pharmacy managed repeat service
- NHS Repeat dispensing
- Home delivery
- Stop Smoking service
- Flu vaccination
September to March only
- Other Public Health Intervention
- Specialist Medicines Management Service assessment
- Other

Tick ALL that apply, If Other please specify

Repeat Reconciliation

- Repeat not available or done previously
- Medicines stopped in hospital still on repeat
- Wrong drug

Wrong strength
 Wrong dose
 Wrong formulation
 Other

Other Actions

This information will be used for service evaluation so please do not include patient identifiable information

In your professional opinion, what is the likely scale of impact **if you had NOT** undertaken this review or intervention.

Scale of Impact

No likelihood of admission (RiO 1)
 Possible admission within 28 days (RiO 2)
 Likely admission within 28 days (RiO 3)

An explanation of the RiO score and examples of actions / advice can be found [here](#)

Test Values