

Service Design

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Provision Reports Preview

 Basic Provision Record (Sample)

Service Support

Transfer of Care (ToC) - Hospital Referral to Community (Preview)

Provision Date

Patient Name

Primary identification

Date of Birth

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Gender Male Female Trans

Ethnicity

Postcode

Address

NHS Number

If neither the client nor the provider know the NHS Number, you can enter "Unknown". If the client has never been issued with an NHS Number, you can enter "Not Issued".

Contact Details

Please advise the patient that the community pharmacy will call to arrange an appointment within 7 working days

Referral and Consent

The patient should consent to the following before referral:

- For their personal information to be sent to their chosen pharmacy electronically through a system that is secure to NHS standards;
- For the named pharmacy to contact the patient to arrange a consultation; and
- For anonymised data that does not identify them to be used to evaluate the ongoing referral service.

Consent Granted Yes No

Name of pharmacy

Select pharmacy for onward referral

Referral Status

If this referral was already sent, and rejected by the provider selected above, the details they entered when they rejected will appear here

Patient Information at Discharge

GP Practice

Patient information relevant to discharge,

Patient Information

Reported allergies

Medication changes

Other

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

Further Information

Suggested Actions

Recommendations

- Medicine Use Review
- New Medicine Service

Tick ALL that apply

New medicine

State new medicine if referring for NMS

MUR for people at risk of problems with medicines after discharge because of social, physical or medicine factors. NMS eligible for all started medicines in the following groups: - Anticoagulants / Antiplatelets - Type 2 diabetes - Hypertension - COPD / Asthma

Additional Information or Particular Reason for Referral

Notes

Please provide any further information that may be relevant

Completed by

Name

Job title

Contact number

Full external telephone number

Test Values