



Service Design

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

 Basic Provision Record (Sample)

 Completed Referral Form (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 referral follow-up (Preview)

Registration Details brought forward

Original Referral	13 Mar 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

GP Practice name & address	Selection from "GP Surgeries" lookup list
Consultant	Answer to "Consultant" single line input
Allergies	Answer to "Allergies" text box
Medicines on discharge	Answer to "Medicines on discharge" text box
Reasons for changes	Answer to "Reasons for changes " text box
Stopped medicines	Answer to "Stopped medicines" text box
Name of pharmacy	Provider being referred to
Consent to contact alternative pharmacy	Consent to contact alternative pharmacy: One of: Yes; No
Recommendations	Recommendations: One or more of: MUR; NMS; Repeat dispensing service; Home delivery service; AUR - Appliance use review; Stop smoking service; Flu vaccination (Sept to March)
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

Referral date

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

Long term condition

Select patient's underlying condition(s)

Respiratory

CVD

Diabetes

Other

- Service Outcomes

Better understanding of medicines' use Yes No
Check patient understanding of meds

Better understanding of when to take medicines Yes No
Is patient taking correct dose

Better understanding of how to take medicines Yes No
e.g. inhaler technique

Advice given about medical condition Yes No

General patient feedback

Please record patient's comments about the service, e.g. useful after discharge, repetition of information already received, etc.

- Side effects

Has the patient experienced an ADR? Yes No

Detail of any side effects/ADRs

Outcomes of ADR

Manageable and non-harmful - patient to continue

Patient stopped taking medicine

Refer to GP

Refer to hospital

Not Applicable - No ADRs

- Pharmacy actions

Changes made and advice provided and reason

This information is essential for service evaluation

Please provide RiO score

RiO 1 - no likelihood of admission

RiO 2 - possible admission

RiO 3 - likely admission

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

- Audit of services provided

Services provided

- MUR
- NMS
- AUR
- Home delivery service
- Stop smoking service
- Flu vaccination (Sept - March)
- Other

Tick all that apply, if Other please specify

- Audit of support provided - Tick all that apply

Support services provided

- Medicines reconciliation - Do not tick if meds already reconciled
- Large print labels
- Talking labels
- Easy open tops
- Review dose form
- Review MDS arrangements
- MAR chart provided
- MDS
- Repeat dispensing
- Home delivery
- Other
- None

Tick ALL that apply, If Other please specify

- Service complete

Has the service been completed e.g. MUR?

- Complete - return information to hospital
- Complete - no hospital follow up required

Please tick return info to hospital if e.g. patient experiences intolerable ADRs, adjustments are made, inhaler technique has been checked, confirmation that a dose has been titrated

- Intervention completed by

Pharmacist Name

GPhC number

Test Values