

GP ↔ Community Pharmacy Interface Communication Form

This form can be used for non-urgent communication on any medication issue between healthcare professionals in different services

FOR THE ATTENTION OF:	Name	
	Service/Organisation	
	Address	
	Date	

FROM:	Name	
	Service/Organisation	
	Address	
	Telephone	

PRIVATE & CONFIDENTIAL**PATIENT DETAILS**

Patient name / initials	
Patient address	
Date of birth	
NHS number	

MEDICATION DETAILS

Brief description of issue:	
Current <u>relevant</u> medications:	
Dosing schedule(s):	
Action <u>already</u> taken by sender (if any):	
Suggested solutions for consideration by recipient:	

Reply required before further action by sender? Yes / No Feedback required for future reference? Yes / No

If significant untoward event: please send an anonymised copy to Medicines Management, Somerset CCG, Wynford House, Lufton Way, Yeovil BA22 8HR so that learning can be identified and shared.

<u>For Recipient Use Only</u>	Date received:	Date actioned:
Outcome:		
Signature:	Date:	Records updated: