

Caring for Care Homes

GP Surgery to Care Home: Communication of change to medication form

From: GP name, address & telephone number	To: Care home name, address & telephone number
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The medication for the following patient has been altered with immediate effect

Patient name: 	Date of birth:
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Details of change: Include full details of all medication stopped, started and/or altered

Please print clearly and do not use abbreviations

Reason for change:

This change is **Temporary** or **Permanent** Please tick as appropriate

GP print name and sign: 	Date:
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Action taken: (please tick when carried out)

At GP Surgery:

- GP has completed form
- GP surgery has phoned care home to alert fax/email has been sent

At Care Home:

- MAR chart amended if necessary with signature and date
- MAR chart checked by a second member of staff with signature
- Care Home has faxed the form to Pharmacy for information

N.B Contains personal information and must be sent in accordance with your own fax or email policy.