

Caring for Care Homes

Care Home to GP Surgery: Medication communication form

This form can be used if you have a query about a resident's medication outside of your regularly monthly ordering process

From:	To:
Care home name, address & telephone number	GP name, address & telephone number

Care Home contact name:	Telephone number:	Date:
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Please can the following query be passed onto relevant GP for consideration

Resident name:	Date of birth:
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Query:

Medication details:

- ▶ **Drug:**
- ▶ **Strength:**
- ▶ **Formulation:**
- ▶ **Dose:**
- ▶ **Quantity:**

Please print clearly and do not use abbreviations

Action taken by GP Practice: (please tick when carried out)

GP has completed review and the care home has been contacted

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