

Care Home to GP Surgery: Medication communication form

From: <small>Care home name, address, telephone number</small>	To: <small>GP name, address and telephone number</small>
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Care Home contact: <small>Name of person raising query</small>	Telephone number:	Date:
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Please can the following query be passed on to Doctor..... for consideration

Resident name:	Date of Birth:
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Medication details						
Drug	Strength	Formulation	Dosing instructions	Quantity	Query	GP action
						<input type="checkbox"/> In progress <input type="checkbox"/> Review complete <input type="checkbox"/> Care Home contacted
						<input type="checkbox"/> In progress <input type="checkbox"/> Review complete <input type="checkbox"/> Care Home contacted
						<input type="checkbox"/> In progress <input type="checkbox"/> Review complete <input type="checkbox"/> Care Home contacted

This form contains personal confidential information and as such must be transferred securely in accordance with your own organisation's fax or email policy



**Cambridgeshire and Peterborough
Clinical Commissioning Group**