

GP Surgery to Care Home: Communication of medication changes			
From:		To:	
GP name, address and telephone number/stamp		Care home name, address, telephone number	
Patient name:		Date of Birth:	
Medication	Details of change	Reason for change	Effective
			<input type="checkbox"/> Immediately <input type="checkbox"/> From next cycle
			<input type="checkbox"/> Immediately <input type="checkbox"/> From next cycle
			<input type="checkbox"/> Immediately <input type="checkbox"/> From next cycle
GP print name and sign:			Date:
Action taken: (please tick once completed)			
GP surgery: <input type="checkbox"/> Form completed <input type="checkbox"/> GP surgery has phoned care home to alert fax/email has been sent		Care Home: <input type="checkbox"/> MAR chart amended if necessary with signature and date <input type="checkbox"/> MAR chart checked by a second member of staff and countersigned <input type="checkbox"/> Care home has informed the pharmacy of changes	
This form contains personal confidential information and as such must be transferred securely in accordance with your own organisation's fax or email policy			